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WHEN EMERGENCIES END BUT OBJECTS REMAIN: THE AFTERLIVES OF COVID-19 INTERVENTIONS IN PUBLIC SPACE IN KENYA

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Abstract:
The COVID-19 pandemic generated an unprecedented proliferation of public health interventions across Kenya. Face masks, hand-washing stations, sanitizer dispensers, and instructional posters rapidly became central instruments through which biomedical authority governed bodies, movement, and social interaction. Several years after the lifting of restrictions, however, these interventions persist in public and private spaces in states of disuse, neglect, or symbolic repurposing. This paper examines the afterlives of COVID-19 interventions in Kenya and asks what happens when tools of emergency health governance outlive the crisis they were designed to address. Drawing on ethnographic observation, interviews, and photographic documentation conducted between June 2024 and January 2026, we argue that many COVID-19 interventions have undergone a shift from active biopolitical instruments to what we conceptualize as *infrastructures of exhausted agency*. That is, they are material health objects that remain physically present yet no longer exert practical, moral, or regulatory force. Once central to disciplining bodies and shaping social interaction, masks, hand-washing stations, dispensers, and posters now exist as silent witnesses to a crisis that has ostensibly passed. Their persistence reveals how emergency governance leaves durable material traces that outlive political urgency, institutional maintenance, and public attention. Rather than representing infrastructural failure or ruin, their persistence reveals the temporal limits of biomedical authority, and the fragility of emergency health infrastructures once institutional urgency dissipates. Situating the analysis within medical anthropology, we contribute to debates on health governance, materiality, and temporality by showing how public health emergencies generate durable material residues that continue to shape everyday environments well beyond the moment of crisis.

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The COVID-19 pandemic emerged in late 2019 as a global public health emergency that rapidly reconfigured everyday life across the world. As infection rates climbed and uncertainty intensified, governments mobilized extraordinary measures to contain viral spread, drawing on epidemiological expertise, emergency legislation, and public communication campaigns. These measures were not only biomedical but deeply social and material, relying on objects, infrastructures, and everyday practices to translate abstract risk into governable forms (Sharma *et al.*, 2021; White *et al.*, 2022; Zielonka, 2020). In Kenya, the first confirmed case of COVID-19 was announced in March 2020 (Chau, 2021; Ngere *et al.*, 2022). Shortly thereafter, the government declared the outbreak a national public health emergency, invoking emergency powers to restrict movement, close schools, regulate gatherings, and mandate new forms of bodily discipline (Chau, 2021; Kiaka *et al.*, 2021). Daily press briefings, curfews, travel restrictions, and public messaging framed the pandemic as an existential threat requiring collective compliance. Public space was rapidly reorganized around containment: entry into buildings was regulated, bodily proximity was scrutinized, and hygiene practices were elevated to matters of national responsibility (Kiaka *et al.*, 2021; Kithiia *et al.*, 2020).

Central to this transformation was the rapid deployment of material interventions. Face masks became mandatory in public spaces. Hand-washing stations appeared at the entrances of schools, offices, markets, and places of worship. Sanitizer dispensers were mounted on walls in hospitals, hotels, and commercial buildings in compliance with a presidential decree issued as part of the legal framework governing COVID-19 containment measures. Posters, instructing citizens to wash hands, maintain physical distance, and avoid contact proliferated across urban and rural landscapes. These objects were not peripheral to the pandemic response; they were essential biopolitical instruments through which the state and allied institutions governed everyday life (Amo-Agyemang, 2024).

Over time, these interventions became deeply embedded in Kenya's emerging COVID-19 health economy. Local tailors produced cloth masks on a scale, creating new livelihood opportunities. Entrepreneurs fabricated foot-operated hand-washing stations using locally available materials (Huho, 2020). Suppliers imported or locally produced sanitizer and dispensers. Compliance with public health directives became a condition for accessing services, entering buildings, or conducting business (Kiaka *et al.*, 2021; Luiu *et al.*, 2022). Through these material forms, the pandemic reshaped not only health practices but also economic relations, labor, and social interaction. Encountering these objects prompted immediate and routinized action, sanitizing hands, washing with soap, or purchasing a mask, often without reflection on the material form or the act itself. Over time, such responses became taken-for-granted behaviours, embedded in the rhythms of everyday life.

By 2024, however, life in Kenya had largely returned to pre-pandemic rhythms, just like elsewhere in the world (Martins & Marson, 2024). Masks were no longer mandatory, gatherings resumed, and handshakes returned as routine social gestures. Yet the material infrastructure of the pandemic did not disappear. Across offices, schools, hospitals, hotels, and homes, remnants of COVID-19 interventions remain conspicuously present but functionally inactive. Many hand-washing stations stand empty, without water or soap. Sanitizer dispensers remain mounted on walls but are no longer routinely refilled, except in a few highly specific settings such as doctors' consultation rooms or nursing stations. Posters urging distance, wearing a facemask and hygiene fade under sunlight, largely ignored. Handmade cloth masks, once sewn in response to scarcity and regulation, hang unused, repurposed as decorations or children's toys.

This paper examines what has become of these interventions about four years after the formal end of the emergency. We ask a simple but analytically rich question: what do these objects become after the emergency ends? More specifically, how do we understand the persistence of public health tools that once had clear agency but now appear inert, neglected, or symbolically hollow? While everyday life has largely returned to pre-pandemic rhythms, the material infrastructure of containment remains. By tracing the trajectory of COVID-19 interventions from their emergence during crisis to their current states of disuse and neglect, we show how public health objects lose their agency and what their persistence reveals about the temporal limits of biomedical authority.

2. Theoretical framing

2.1 Medical anthropology, infrastructure, and the temporality of crisis

Medical anthropology has long examined how epidemics and health emergencies reorganize social life, governance, and bodily practice. From HIV/AIDS to Ebola, scholars have shown how crises mobilize new forms of biomedical authority, reshape relations between states and citizens, and introduce novel material and discursive regimes of care and control (Ailio, 2017; Garliauskas, 2025; Mills, 2017; Van Doorn, 2013). COVID-19 intensified these dynamics on a global scale, extending health governance far beyond clinics and hospitals into homes, workplaces, schools, and public spaces (Bowman, 2020; Marinkovic & Major, 2020).

During the pandemic, public health interventions relied heavily on material objects to render risk visible and governable. Face masks regulated breath, visibility, and moral comportment; hand-washing stations disciplined bodily entry and movement; sanitizer dispensers structured everyday hygiene practices; and posters communicated epidemiological knowledge while signaling responsibility and compliance. These objects functioned as biopolitical technologies in the Foucauldian sense, governing populations through the management of bodies, circulation, and everyday conduct (Kelly, 2010; Reid, 2008). Rather than serving merely as technical supports, they actively mediated social relations, producing compliance, fear, reassurance, and moral judgment (Amo-Agyemang, 2024).

While medical anthropology has richly documented preparedness, compliance, mistrust, and resistance during epidemics, it has paid comparatively less attention to what happens after emergencies subside, with only a limited number of studies explicitly engaging post-crisis conditions and afterlives of intervention (Abramowitz, 2017; Roth, 2020; Van Doren & Kelmelis, 2023). The post-crisis period, when extraordinary interventions linger without the authority that once animated them, remains underexamined. This gap becomes particularly visible when attention shifts from policy and discourse to material infrastructures that persist beyond moments of urgency.

Infrastructure studies provide a productive lens for addressing this gap. Scholars emphasize that infrastructures are defined not only by their construction, but by ongoing maintenance, repair, and institutional commitment (Anand *et al.*, 2018; Larkin, 2013; Star, 1999). When maintenance ceases, infrastructures do not necessarily collapse or disappear. Instead, they often persist in states of partial functionality, neglect, or quiet abandonment (Larkin, 2013). COVID-19 interventions in Kenya exemplify this condition. Many were rapidly assembled under emergency conditions, supported by temporary funding streams and exceptional political attention. Once the crisis receded, responsibility for their upkeep became unclear. Budgets shifted, directives lapsed, and institutional priorities moved elsewhere. The result was not dramatic failure, but gradual neglect.

It is within this temporal gap, between emergency and normalcy, that we situate our analysis in this paper. By examining the lingering presence of COVID-19 interventions, we show how biomedical authority is temporally bounded and how its material instruments may outlive the political and institutional conditions that once sustained them. This perspective illuminates a mismatch between temporal governance and material durability: objects designed for crisis time remain embedded in post-crisis life, stripped of their regulatory force.

2.2. Infrastructures of exhausted agency

Understanding the mismatch between temporal governance and material durability requires attention to the material agency of public health interventions and to the conditions under which such agency wanes. Anthropological scholarship on materiality has long challenged the assumption that objects are passive backdrops to social life. Instead, material forms are understood as active participants in shaping bodily practices, social relations, and regimes of governance (Birat, 2023; Kirchhoff, 2009; Latour, 2005). During the COVID-19 pandemic, public health interventions in Kenya clearly exercised such agency. Masks, hand-washing stations, sanitizer dispensers, and posters acted upon bodies and spaces, translating biomedical authority into everyday practice and discipline (Lakoff, 2017).

Yet material agency is not permanent as it depends on meeting specific ontological and epistemological conditions (Kirchhoff, 2009). The Kenyan case raises a critical question that follows directly from the temporal disjuncture identified above: what happens when objects remain materially present but no longer act? In the post-pandemic period, COVID-19 interventions persist physically across public and private spaces, yet

they no longer structure behaviour or demand action or respect. Their presence has become normalized and largely unremarkable, seen but unheeded. This shift signals not the disappearance of infrastructure, but a withdrawal of material agency.

To account for this condition, we propose the concept of *infrastructures of exhausted agency*. This concept describes material health interventions that endure physically after a crisis but no longer exert practical, moral, or regulatory force. Unlike failed or broken infrastructures, these objects remain largely intact and visible. Their agency is not undone through resistance (Busch, 2025), contestation (Armstrong & Murphy, 2012), or physical damage, but is gradually depleted through the withdrawal of institutional maintenance, public attention, and biomedical urgency. Agency, in this sense, is not abruptly lost; it is exhausted over time (Larkin, 2013; Star, 1999).

The evolution of COVID-19 interventions in Kenya can be understood through the lens of exhausted agency. Hand-washing stations continue to mark entrances, but no longer demand ritualized hygiene. Sanitizer dispensers remain mounted on walls, yet no longer mediate everyday practices of cleanliness. Posters still communicate instructions, but without authority. Masks persist as objects, but stripped of their moral charge. Together, these infrastructures reveal how health governance dissipates not through confrontation or refusal, but through neglect and temporal displacement. This dynamic complicates dominant medical anthropological narratives that emphasize resistance or mistrust as primary responses to public health interventions (Geissler, 2005; Masumbuko Claude *et al.*, 2019; Schmidt-Sane *et al.*, 2023).

Importantly, infrastructures of exhausted agency are not ruins in the classical sense. They do not represent long-term decline or spectacular breakdown. Instead, they are artifacts of recent and intense intervention whose relevance has faded faster than their material form. Their quiet dereliction asserts how emergency responses frequently lack an afterlife plan, producing landscapes of partial abandonment rather than clear endings (Stoler, 2013). By attending to these material afterlives, we advance a temporal perspective on public health governance that takes seriously what remains after the emergency is declared over.

3. Ethnographic entry points and methods

3.1. From accidental noticing to intentional inquiry

This study did not begin as a formally designed research project. Rather, it emerged gradually through the first author's everyday encounters with the material remains of the COVID-19 pandemic in post-pandemic life. Such emergence is not unusual within anthropological practice. Ethnographic inquiry has long been recognized as a process that often begins not with predefined hypotheses, but with moments of noticing, discomfort, or curiosity generated through sustained engagement with everyday worlds (Agar, 1980; Clifford, 1997; Marcus, 1998).

The initial moment for this study was personal and mundane. In the first author's office, long after mask mandates had been lifted, a plastic face mask, designed to cover

the entire face from forehead to the chin, continued to hang on the wall. He no longer used it, nor did he consciously notice it most days. Yet its persistent presence, quiet, inert, and oddly out of place, began to draw his attention. Michael Agar (1980) taught that ethnographic research often begins with "*problematic situations that attract our attention*," gradually opening up lines of inquiry that were not anticipated at the outset.

As the first author moved through post-pandemic spaces, similar objects appeared repeatedly. Hand-washing stations stood empty at school entrances. Wall-mounted sanitizer dispensers remained fixed in hospitals and hotels with their reservoirs dry. Posters urging hand hygiene and physical distancing faded on walls, no longer commanding compliance or even recognition. These encounters were not dramatic, nor did they initially present themselves as research problems. Instead, they accumulated slowly, producing a growing sense that the pandemic had not fully disappeared, but had settled into public space in material form.

This process reflects what James Clifford (1997) describes as ethnographic knowledge emerging through movement, presence, and ongoing engagement rather than through fixed research designs. Likewise, George Marcus (1998) emphasizes that ethnographers must remain open to unexpected trajectories of inquiry as they engage with the contingencies of lived experience. In this case, the first author's repeated encounters with inactive public health objects gradually transformed casual noticing into analytical curiosity.

Only retrospectively did these encounters crystallize into a research question: how can we explain the situation where materials for public health interventions remain embedded in everyday environments when the emergency that once animated them has passed? As Fischer (2003) argues, ethnographic projects often take shape through such immanent field experiences, where analytical focus emerges from the contingencies of everyday life rather than from deductive planning.

This emergent ethnographic approach is central to the analysis in this paper. Rather than treating the persistence of COVID-19 interventions as anomalous or incidental, the paper takes these ordinary, often overlooked objects as its primary ethnographic entry points. By attending to what has become familiar, ignored, or taken for granted, the research traces how tools of emergency health governance transition into residual infrastructures of everyday life. In doing so, it aligns with anthropological work that foregrounds the analytical value of mundane material forms and their capacity to reveal broader social and temporal transformations (Macdonald, 2010).

3.2. Systematic observation and interviews

What began as a casual observation gradually became intentional and systematic. From February 2025 to January 2026, the first author consciously documented the presence, condition, and placement of COVID-19-related material interventions across a range of institutional and social settings in urban and rural Kenya. This transition from everyday noticing to systematic observation reflects a well-established ethnographic practice in which analytical focus develops through sustained engagement with ordinary

environments rather than through preselected research sites (Hammersley & Atkinson, 2019; Pink *et al.*, 2016).

Rather than focusing on spaces explicitly associated with pandemic response, the study prioritized ordinary sites of post-pandemic life—places where people moved, worked, studied, healed, and socialized after the formal end of the emergency. Systematic observations were conducted across ten schools, six hospitals, ten hotels, five restaurants, multiple office buildings, residential blocks, and several elevators and shared indoor spaces. In each site, attention was paid to the spatial positioning of COVID-19-related objects (such as entrances, corridors, walls, and thresholds), their physical condition (intact, broken, empty, faded, or repurposed), and the ways people interacted with, or deliberately ignored, them.

Importantly, the absence of interaction emerged as analytically significant. Objects originally designed to demand bodily action, washing hands, sanitizing, masking, or reading instructions, now elicited little or no response. Observing how people moved past these objects without acknowledging them provided critical insight into the waning of their regulatory and moral force.

Alongside observation, semi-structured interviews and informal conversations were conducted with teachers, health workers, hotel staff, cleaners, administrators, and members of the public. Interviews were not guided by a fixed questionnaire. Instead, they were frequently prompted by specific objects encountered in situ. Questions such as "Why is this still here?", "Does anyone use it anymore?" and "Who is responsible for maintaining it?", opened conversations about responsibility, memory, and institutional withdrawal. This object-centered elicitation approach builds on methodological work that demonstrates how material artifacts can serve as productive prompts for reflection, narration, and meaning-making in ethnographic research (Miller, 2008; Pink, 2012).

Across interviews, respondents consistently expressed ambivalence toward the lingering presence of COVID-19 interventions. Many described the objects as forgotten, unnecessary, or simply part of the background—present but no longer meaningful. Others suggested that removing them felt inappropriate, as if doing so would erase the seriousness of what had been collectively experienced during the pandemic. Such ambivalence reflects what Navaro-Yashin (2009) describes as the affective charge of material environments, where objects simultaneously evoke memory, discomfort, and detachment.

Together, systematic observation and object-prompted interviews enabled an ethnographic approach attentive not only to what people said about pandemic remnants, but also to how they moved around them, ignored them, or incorporated them into the background of daily life. This methodological combination was central to tracing how public health interventions transitioned from instruments of emergency governance into infrastructures of exhausted agency.

3.3. Photographic ethnography

Photography served as a companion method throughout this study, integral to both data generation and analysis. As the first author's attention to post-pandemic material remnants sharpened, photographic documentation became a way of systematically attending to objects that had faded into the background of everyday life. The images produced during the study document hand-washing stations without water, empty sanitizer dispensers mounted on walls, faded public health posters, and unused face masks lingering in offices, homes, and institutional spaces.

These photographs are intentionally ordinary. They capture neither spectacular decay nor dramatic ruin, but rather the quiet persistence of public health objects that no longer function as intended. This deliberate ordinariness reflects a methodological commitment to what Pink (2012, 2015) describes as attending to the mundane and taken-for-granted dimensions of everyday environments. By resisting aestheticization, the images foreground the banality of infrastructural afterlives and the subtle ways emergency interventions become normalized, ignored, and materially absorbed into post-crisis landscapes.

Photography served three primary analytical purposes. First, it enabled systematic comparison across sites, allowing patterns of neglect, disuse, and persistence to emerge across schools, hospitals, hotels, restaurants, and office buildings. Visual repetition across images revealed that the exhaustion of infrastructural agency was not isolated or accidental, but widespread and patterned. In this sense, photography functioned as a comparative ethnographic tool (Banks, 2007).

Second, photographs functioned as elicitation devices during interviews. Showing or referring to images prompted participants to reflect on objects they often described as "*just there*" or "*no longer noticeable*." This aligns with methodological work demonstrating how visual materials can surface latent meanings and encourage reflexive narration in ethnographic encounters (Harper, 2002; Pink, 2012). Through these discussions, objects that had become invisible through familiarity were reanimated as sites of memory, ambivalence, and institutional withdrawal.

Third, the photographs themselves became ethnographic data. They recorded not only the presence of pandemic remnants, but also their spatial positioning, material condition, and visual integration into everyday environments. In doing so, photography operated as a way of slowing down perception, making visible the material afterlives of public health interventions that might otherwise be overlooked (MacDougall, 2005). Rather than documenting active practices, the images captured absence, non-use, and indifference as socially meaningful conditions.

In this sense, photography was not supplementary to the ethnographic process, but constitutive of it. It mirrored the logic of the study itself: attending carefully to objects that no longer demand attention, and treating their quiet persistence as analytically significant. By visualizing infrastructures of exhausted agency, photographic ethnography made visible the temporal disjuncture between emergency governance and

post-emergency life, grounding theoretical claims in materially and visually observable forms.

3.4. Ethics and consent

The study adhered to standard ethical principles in qualitative research. Interviews were conducted with informed verbal consent, and no personal identifiers are used. Photographs document objects and infrastructures rather than individuals; where people appeared incidentally, identifying features were excluded. Given the focus on public spaces and material environments, the research posed minimal risk to participants.

4. Ethnographic findings

This section offers a thick ethnographic account of four core COVID-19 interventions, namely hand-washing stations, sanitizer dispensers, public health posters and face masks. For each, we trace their emergence during the pandemic, their incorporation into everyday governance and the COVID-19 health economy, the ways they structured social life and bodily discipline, and their current post-pandemic states as infrastructures of exhausted agency.

4.1. Hand-washing stations: Ritualized entry and its afterlife

Hand-washing stations were among the most ubiquitous public health interventions deployed during the COVID-19 pandemic. Positioned at the entrances of schools, offices, open-air markets, shops, and public institutions, they reconfigured movement and bodily practice by transforming entry into a conditional and regulated act. Access to buildings became contingent upon hand-washing, rendering hygiene a visible, routinized, and ritualized form of compliance with public health authority.

Hand-washing stations were typically locally fabricated using jerrycans or buckets mounted on metal frames, often equipped with foot-operated mechanisms to minimize contact. Their rapid proliferation generated new forms of informal labour and supply chains, particularly within the *Jua Kali* sector (informal artisans), embedding them within a broader COVID-19 health economy. In many institutions, especially schools and hospitals, staff, most commonly security personnel stationed at gates, were assigned specific responsibility for monitoring compliance and ensuring the continuous availability of water and soap.

A teacher recalled the intensity of this regime when schools reopened in 2021: "*When the schools were finally opened, we were given directives by the Ministry of Education to ensure that hand-washing stations were sufficiently placed in the school. Before you entered the classroom, you had to wash your hands. No discussion*." Given the difficulty of enforcing physical distancing in crowded classrooms, school administrators were instructed to emphasize hygiene practices as a primary mode of containment of the virus spread. This included allocating school budgets for soap and hand sanitizers and ensuring that learners were routinely trained in hand-washing practices.

Similar dynamics were observed in healthcare settings. At a public hospital in western Kenya, a security guard explained, "*Someone was even stationed there to make sure you washed your hands properly*." For administrators, hand-washing stations introduced new logistical and labour demands that restructured workplace routines. As one hospital administrator noted, "*These stations brought in new responsibilities for staff, especially security staff. Some people had to be allocated the task of refilling the stations with water and ensuring the soap was available. It was very labour-intensive work on top of the duties for which they were employed*." During this period, hand-washing stations exercised clear material agency: they commanded attention, redistributed labour, and structured everyday conduct.

Figure 1: Empty hand-washing stations at the entrance of a public hospital. The stations remain in place, but water and soap are absent, marking a former threshold of pandemic discipline.

In the post-pandemic period, many hand-washing stations remain physically present but are functionally inert. Water containers are empty, soap is absent, and no staff are assigned to maintain them. In one school in western Kenya, the metal frames of the stations remained fastened to the ground, while the buckets had fallen off due to prolonged neglect. In another school, several hand-washing stations, still structurally intact and likely donor-provided, were found bundled together in a classroom storage area among other unused materials. Their placement in storage is analytically significant. Although materially complete and potentially reusable, the stations are treated as surplus rather than as active infrastructure. Being stored alongside discarded or idle objects signals their current lack of agency, irrespective of the authority they once commanded. At the same time, storage renders their status provisional rather than final: the stations

are neither destroyed nor repurposed, but held in suspension, suggesting that their agency could be reactivated should institutional priorities or regulatory authority return. One particularly revealing case was observed in a public hospital in western Kenya, where an unused hand-washing station stood beside fully operational weighing scales at the entrance to a dental clinic. The juxtaposition of these two objects is analytically instructive. Both occupy the same spatial threshold and are oriented toward patient care, yet they are animated by different forms of institutional authority. The weighing scales remain functional, routinely maintained, and actively used because they are embedded within standard operating procedures of biomedical practice. Measuring patients' weight, alongside other vital signs, is a non-negotiable component of clinical assessment, and institutional protocols ensure that the scales retain their functionality. Their agency remains active, sustained by enduring clinical routines, professional accountability, and organizational oversight.

In contrast, the hand-washing station beside them stands unused. During the pandemic, it commanded attention, restructured movement, and disciplined bodily practice, particularly in dental settings, where procedures were strictly regulated due to the heightened risk of viral transmission. In the post-pandemic moment, however, the institutional authority that once animated the station has withdrawn. There are no longer mandates, budgets, or staff assignments to ensure its maintenance or use. As a result, the station persists only as a material residue, stripped of the authority that once made it operative.

A security guard who had previously been tasked with enforcing hand-washing observed, "*Now it's just there. Nobody even looks at it*." A public health officer explained the institutional rationale underlying this neglect: "*We stopped buying soap when COVID ended. There was no budget anymore. The hospital also cannot allocate staff to such less-pressing duties, especially when the hospital is understaffed. Security officers also know that that is not their role*."

This contrast illustrates a central insight of the exhausted agency framework: infrastructures do not lose agency simply because they deteriorate or become obsolete, but because the institutional arrangements that sustain their authority dissolve. The weighing scales continue to act because they are anchored in enduring biomedical procedures and governance structures. The hand-washing station, by contrast, was an infrastructure of emergency, its agency contingent on crisis-specific authority. Once that authority receded, so too did the object's capacity to command action. Their co-presence makes visible how institutional authority, rather than material form alone, determines whether infrastructures remain active or drift into exhaustion.

4.2. Sanitizer dispensers: Fixed in place, detached from practice

Wall-mounted sanitizer dispensers became standard fixtures in hospitals, hotels, and commercial buildings during the COVID-19 pandemic. Installed along corridors, entrances, and other high-contact points, they reinforced hygiene as a continuous and individualized obligation, designed to be enacted repeatedly throughout the day. In

contrast to many hand-washing stations, which were often locally fabricated, sanitizer dispensers were commonly centrally procured or imported, tying them more directly to institutional budgets, procurement systems, and formal supply chains. Their presence thus signaled not only hygienic discipline but also institutional commitment and resource allocation.

During the emergency phase, maintaining these dispensers was routine and closely monitored. A hospital cleaner recalled, "*During COVID, we were refilling these things daily*." A nurse emphasized their perceived value at the time: "*Sanitizer was like gold at that time*." Much like hand-washing stations and posters, dispensers exercised clear material agency. They structured bodily routines, mediated touch, and redistributed labour, becoming integral to the everyday enactment of pandemic governance.

Figure 3: An empty wall-mounted sanitizer dispenser in a hospital corridor. The dispenser remains attached to the wall but is no longer refilled, marking the withdrawal of institutional maintenance

In the post-pandemic period, however, responsibility for maintaining these dispensers became increasingly unclear. By 2025, most of the dispensers observed across hospitals and hotels were empty. A private hospital manager explained, "*After COVID, no one told us to continue. So, we stopped*." Patients and staff alike commented on their inert presence. One patient noted simply, "*The dispenser is still there, but there is nothing inside.*" A hospital administrator linked this condition to shifting institutional priorities: "*Budgets*

changed. COVID was no longer a priority." As with hand-washing stations left unfilled, disengagement unfolded not through active resistance but through institutional silence and neglect.

A vignette from a hotel in Mombasa town further illuminates the political–economic dimensions of this withdrawal. There, the first author observed several wall-mounted sanitizer dispensers that were visibly rusting. At first glance, the corrosion could be attributed to the city's saline coastal environment. However, an informal conversation with the hotel manager during an evening drink revealed a different explanation. The rust reflected a deliberate decision not to maintain or replace the dispensers, shaped by post-pandemic economic pressures rather than environmental exposure alone. As he explained:

> "*You know, after the pandemic, doing business for hotels became very difficult. The economy has also been unstable, even with elections that shortly followed. Anything that is not necessary but attracts cost, like the dispensers, is cut off. Filling them with sanitizer is costly. People know how to keep their hygiene and protect themselves*."

He added that dispensers that had become severely rusted were eventually removed, but not replaced. Removal in this context does not indicate a reconfiguration of hygiene practice or a return to pre-pandemic normalcy. Rather, it marks a further stage in institutional disengagement. Whether left empty on the wall, allowed to rust, or quietly taken down, the dispensers no longer possessed the capacity to configure human behaviour. Their function had already lapsed before their material form disappeared.

Within the framework of exhausted agency, the critical issue is not the physical persistence of an object alone, but the erosion of the institutional authority, resources, and expectations that once enacted it. Like unused hand-washing stations bundled in storage, sanitizer dispensers illustrate how public health infrastructures can persist materially, or be selectively removed, while remaining operationally absent. Their afterlife is shaped less by technical failure than by shifting priorities, economic constraint, and the withdrawal of crisis-driven governance.

Together, these observations show that the exhaustion of agency is both temporal and political–economic. Public health infrastructures fade not simply because the emergency ends, but because maintaining them is no longer considered necessary or viable. Sanitizer dispensers thus persist as material traces of a past regime of heightened hygiene, even as their capacity to organize practice, command attention, or demand compliance has quietly dissipated.

4.3. Posters and public health messaging: From instruction to visual noise

Posters were central to COVID-19 risk education and communication strategies. Displayed prominently in public spaces, they instructed citizens on hand-washing, physical distancing, and mask-wearing. During the pandemic, these messages carried considerable authority, reinforced by daily media briefings, institutional directives, and

enforcement practices. Their visibility was deliberate. As one urban resident in Nanyuki town recalled, "*These posters were everywhere. You could not escape the message*." A hotel staff in Nanyuki town similarly described strategic placement: "*We were told to put them at eye level so everyone could see*." Similarly, on an instructional poster at the entrance of a public service bus, that once commanded respect received very little of that at a bus park. In this period, posters functioned as visual extensions of biomedical governance, translating public health directives into everyday environments and eliciting routinized compliance.

Figure 4: Faded COVID-19 posters at the entrance of public service bus (left) and a public school's office (right). The messages remain intact and legible, yet no longer command attention or action from passengers or students and teachers, illustrating how public health communication can persist materially while losing its capacity to govern behaviour.

In the post-pandemic period, many of these posters remain visible but have lost their capacity to command attention or shape conduct. Torn, faded, or partially obscured, they increasingly blend into the visual background of public space. A restaurant manager in Mombasa remarked, "*Now people don't even read them*." A university student described them as temporally displaced: "*They are like old posters from another time*." These observations point to a shift not only in perception but in temporality: the posters are no longer read as instructions for the present, but as artifacts of a concluded emergency.

The loss of authority was especially evident in an ethnographic vignette from August 2025. The first author had gone for lunch with friends at a restaurant in Bondo town, western Kenya. One of his companions had a cold and coughed repeatedly during

the meal. On the wall near their table hung a poster about COVID-19, instructing customers to maintain a 1.5-metre distance and to watch for symptoms of disease. At that moment, the words on the poster had no bearing on their behaviour. They did not adjust their seating or treat the cough as a risk. Instead, the first author pointed to the poster and jokingly teased his friend for "*breaking the rules*." This prompted laughter and a shared, uneasy recollection of the pandemic, memories of fear, restriction, and uncertainty surfaced briefly, only to be neutralized through humour.

This moment is analytically important. During the pandemic, similar posters would have triggered immediate behavioural recalibration: distance would have been enforced, the cough scrutinized, and the situation treated with seriousness. In the post-pandemic moment, the same message functioned instead as a mnemonic device. The poster no longer governed action; it indexed a past regime of biomedical disciplining that could be recalled, joked about, and emotionally processed, but not reactivated. Its authority had not disappeared linguistically; it remained imperative in tone, but it had been stripped of the institutional force required to make it operative.

A comparable dynamic was observed in a school corridor, where an instructional poster printed in bold capital letters read: "*Wash Hands and Wear a Mask Always*". Over several hours of observation, everyone who passed by the poster, including students, teachers, administrators, and the researchers themselves, failed to respond to its injunction. The message remained visually present and normatively demanding, yet the withdrawal of enforcement, repetition in official discourse, and organizational backing rendered its authority inert. Instruction persisted, but obedience no longer followed.

This pattern extended beyond informal and semi-formal spaces into sites of formal state authority. At one of the Huduma Centres in Nairobi, a flagship government initiative that consolidates public services under one administrative roof, a poster about COVID-19 hung prominently at the main entrance (see Figure 5). The poster stated:

> "*We're protecting our customers from COVID-19. In response to Public Health direction, Huduma Kenya screens employees daily for fever, cough and shortness of breath; makes handwashing and hand sanitizer available; limits face-to-face contact to under 10 minutes; reminds customers to stand at 6 feet apart while waiting to order or pick-up; and cleans and sanitizes surfaces frequently*."

The language was authoritative and comprehensive, invoking public health directives, institutional responsibility, and ongoing protective action. Yet the practices it described were not observed. Although a hand-washing station was physically present near the entrance, it was not functional: the container was empty and no soap was available. Wall-mounted sanitizer dispensers were similarly empty and showed signs of prolonged non-use. There was no screening of staff or clients, no attempt to limit interaction time, and no spatial enforcement of distancing among those waiting for services.

Figure 5: A COVID-19 poster at the entrance of a Huduma Centre in Nairobi. The poster's present-tense claims contrast sharply with the absence of supporting practices, illustrating how institutional authority can persist rhetorically while withdrawing operationally.

This disjuncture is analytically revealing. Unlike restaurants or schools, the Huduma Centre is a space where state authority is ordinarily enacted through routine bureaucratic practice. The poster's continued presence in this context demonstrates that infrastructures of exhausted agency are not confined to informal neglect or individual indifference. Rather, they are produced through institutional disengagement, even within the state itself. The poster continued to speak in the present tense. That is, "*we're protecting our customers*". Yet the institutional arrangements required to actualize that claim had clearly been withdrawn. They are visual noise to the people whose behaviour they should configure.

Across these sites, COVID-19 posters illustrate how public health messaging can persist materially while losing its capacity to act. They are not removed, contested, or defaced; instead, they slip into irrelevance through neglect and habituation. Their afterlife is one of quiet obsolescence, where instruction becomes memory and governance fades into the background of everyday life. As infrastructures of exhausted agency, these posters remain visible but detached from the authority, urgency, and institutional consequences that once animated them.

4.4. Face masks: Discipline, livelihood, and moral obligation

When Kenya introduced mandatory face mask regulations in March 2020, masks rapidly became among the most visible and morally charged objects of pandemic governance. Wearing a mask was legally required in all public spaces, and enforcement was often strict. Police checks, fines, and occasional public reprimands rendered the mask a

powerful biopolitical object, regulating bodily presence and movement in everyday life. Beyond legal enforcement, masks carried significant moral weight: wearing one signaled responsibility, care for others, and civic compliance, while failure to do so invited suspicion, blame, or sanction.

During the pandemic, masks also became central to an expanding COVID-19 health economy. Shortages of surgical masks and/or their high cost led to the rapid proliferation of locally produced cloth masks. Unlike disposable surgical masks, cloth masks could be washed and reused, making them more affordable over time. Tailors, women's groups, and small-scale entrepreneurs produced masks at scale, often adapting designs to local aesthetics, fabrics, and social identities. What began as a public health requirement quickly evolved into a livelihood strategy for many households, embedding the mask within everyday economic life.

These dynamics were reflected in everyday experience. As one hotel worker in Nanyuki recalled, "*During corona, you could not enter anywhere without a mask. Even if you forgot, you had to buy one immediately*." An urban resident in Kisumu similarly emphasized the intensity of enforcement: "*Police would stop you on the road. The mask was not optional. It was like your ID*." For those producing masks, the object carried profound economic significance. A female tailor in Bondo town explained, "*I made masks for almost one year. That is how I survived when my tailoring business collapsed*." In this phase, masks exercised clear material agency: they governed access to space, structured moral judgment, and generated new economic relations.

By 2024, masks had largely disappeared from everyday use. Yet they had not disappeared materially. In offices and homes, unused masks hung on walls, lay in drawers, or were repurposed for cleaning or children's play. Interviewees consistently described them less as protective devices than as reminders of a past phenomenon. A female resident of Barkowino village in Bondo noted, "*Now the mask is just there. You see it and remember how scary that time was*." A schoolteacher added, "*We don't throw them away. It reminds us of what we passed through*." In this post-pandemic moment, the mask's function shifted from regulation to recollection. On several occasions between January 2025 and May 2026, at the Nairobi train Terminus, the first author observed a face mask vendor hardly getting any customer to buy the masks. What was once an object *inevitabilis,* has now become something optional to have.

This shift is further illustrated by a reflexive vignette from first author's office in Amboseli. From February 2022 until he left that office, a transparent face mask, similar to a face shield, hung on the wall. The mask had been purchased by his employer as part of institutional directives aimed at containing the spread of COVID-19. Once a required component of workplace protection, it remained hanging long after its use had ceased, and even after the first author had vacated the office.

Figure 6: A cloth face mask stored by a family in a drawer that lied unused by 2025. Once an object of enforcement, livelihood, and moral obligation, the mask now persists as a residual artifact of pandemic governance.

Each day he entered the office, he passed the mask without consciously registering its presence. The wall on which it hung was populated with other objects: cards from students, farewell notes, and small souvenirs accumulated over time. Without deliberate intention, the mask was absorbed into this assemblage of souvenirs and artifacts. It became part of the visual background of the office, aligned more closely with memorabilia and decoration than with protection or regulation.

Analytically, this vignette captures a further stage in the exhaustion of agency. The mask did not disappear, nor was it actively discarded. Instead, through everyday habituation, it was reclassified. Its regulatory force dissolved as institutional mandates receded, and its presence no longer elicited bodily adjustment, moral judgment, or compliance. Like unused hand-washing stations bundled in storage, empty sanitizer dispensers left to rust, or posters that instruct without effect, the transparent mask persisted materially while losing its capacity to configure behaviour.

Once central to discipline, enforcement, and livelihood, the mask now survives as a mnemonic residue, an object that carries memory rather than authority. Its afterlife is neither confrontational nor resistant, but quietly ordinary. In this sense, the mask exemplifies how objects of emergency governance transition into infrastructures of

exhausted agency, lingering in place even as the institutional conditions that once animated them have receded.

5. Discussion

This paper set out to examine what happens to public health interventions after the emergency that animated them has passed, focusing on the material afterlives of COVID-19 interventions in Kenya. By tracing the trajectories of masks, hand-washing stations, sanitizer dispensers, and public health posters from moments of intense regulation to states of neglect and non-use, the analysis foregrounds the temporal limits of biomedical authority and the uneven endings of health crises. Rather than treating these remnants as evidence of failure or inefficiency, the discussion positions them as analytically productive sites through which to understand how public health governance dissipates over time.

5.1. From biopolitical intensity to temporal drift

During the COVID-19 pandemic, public health governance in Kenya operated through heightened biopolitical intensity. Masks, hygiene infrastructures, and visual messaging governed bodies, movement, proximity, and visibility, translating epidemiological risk into everyday discipline (Foucault, 1978; Reid, 2008; Rose, 2007). These interventions were not merely technical solutions; they were moral and political instruments that structured social interaction and public space. Their authority derived from the convergence of scientific expertise, legal mandates, moral injunctions, and institutional enforcement, rendering compliance both visible and compulsory.

The post-pandemic period documented in this study reveals a striking contrast. While the material apparatus of governance remains, the biopolitical intensity that once animated it has dissipated. This transition is neither abrupt nor marked by overt resistance or refusal, dynamics that have featured prominently in anthropological analyses of epidemics and global health interventions (Fairhead *et al.*, 2006; Wilkinson & Leach, 2015). Instead, disengagement unfolds quietly, through indifference, neglect, and habituation. Objects designed to demand bodily action and moral attention now elicit none.

This pattern complicates dominant narratives that frame the aftermath of public health interventions primarily in terms of mistrust, resistance, or compliance. In the Kenyan case, biomedical authority fades not because it is actively contested, but because it is no longer sustained. People move past these objects, around them, and eventually cease to notice them. Authority dissipates through inattention rather than confrontation.

5.2. Infrastructures of exhausted agency and the material politics

The concept of infrastructures of exhausted agency developed in this paper helps make sense of this condition. Building on anthropological work that treats material objects and infrastructures as active participants in social life (Latour, 2005; Miller, 2008), the concept

captures how agency can be gradually depleted rather than abruptly withdrawn. COVID-19 interventions in Kenya did not disappear when mandates were lifted, nor did they collapse spectacularly. They persisted physically while losing their capacity to regulate behaviour, convey moral obligation, or structure social practice.

Insights from infrastructure studies are particularly instructive here. Scholars have emphasized that infrastructures are relational achievements, sustained through ongoing labour, maintenance, and institutional commitment (Anand *et al.*, 2018; Larkin, 2013; Star, 1999). When such support is withdrawn, infrastructures do not necessarily fail outright. Instead, they often persist in states of partial functionality, neglect, or quiet abandonment. COVID-19 hand-washing stations and sanitizer dispensers exemplify emergency infrastructures: rapidly assembled, often donor-funded, and unevenly integrated into long-term systems. Once the crisis receded, maintenance collapsed, responsibility became unclear, and these infrastructures drifted into disuse.

Importantly, these objects are not ruins in the classical sense. As Stoler (2013) argues, ruins are typically associated with long-term decline and historical violence. In contrast, the infrastructures documented here are artifacts of recent and intense intervention whose relevance faded faster than their material form. Their exhaustion stems not from age or decay, but from the withdrawal of urgency. This distinction draws attention to the temporal politics of global health interventions and the lack of institutional planning for endings, an absence of strategies for dismantling, repurposing, or meaningfully integrating emergency infrastructures into post-crisis life.

5.3. Memory, forgetting, and the moral ambivalence of remnants

Although these objects no longer exert regulatory force, they are not socially meaningless. Ethnographic interviews revealed ambivalence toward their continued presence. While many respondents described masks, stations, and posters as forgotten or irrelevant, others expressed discomfort at the idea of removing them, as if doing so would erase the seriousness of what had been collectively experienced. In this sense, COVID-19 remnants function as affective objects, carrying emotional and mnemonic weight even when they no longer serve practical purposes (Navaro-Yashin, 2009).

This ambivalence resonates with anthropological work on memory and materiality, which emphasizes how objects can quietly index collective experience without formal commemoration (Mueggler, 2011). The remnants documented here do not memorialize the pandemic through monuments or rituals. Instead, they operate as low-intensity memorials. That is, ordinary objects that hold traces of vulnerability while allowing everyday life to proceed.

At the same time, their neglect reflects broader forms of pandemic fatigue. As Abramowitz (2017) observes, post-epidemic worlds are often characterized by exhaustion, for example, of attention, care, and resources. In Kenya, this fatigue manifested not only discursively but materially, through the quiet abandonment of infrastructures that once demanded constant vigilance. Infrastructures of exhausted

agency thus materialize both memory and forgetting, holding crisis in suspension while enabling its social closure.

5.4 Implications for medical anthropology and global health

The findings of this study have several broader implications for medical anthropology and global health practice. First, they underscore the importance of attending to the afterlives of health interventions, not only their implementation or effectiveness during emergencies. Public health crises are often evaluated in terms of response metrics, yet the material residues left behind can shape environments, expectations, and future governance in less visible but enduring ways.

Second, the Kenyan case illustrates how global health interventions are frequently designed without attention to their post-emergency trajectories. Emergency logics prioritize rapid deployment and exceptional governance (Lakoff, 2017), often at the expense of long-term integration, sustainability, or dismantling. This produces landscapes of partial abandonment, where infrastructures persist without clear ownership, purpose, or care.

Finally, by foregrounding non-use, neglect, and ordinariness, this paper expands how medical anthropology conceptualizes power. Authority does not only operate through enforcement, resistance, or critique; it can also dissipate through inattention. Attending to infrastructures of exhausted agency makes visible the subtle, material processes through which biomedical governance fades, offering a critical lens for understanding how health crises end, and what they leave behind.

6. Conclusion

The COVID-19 pandemic may have receded as an emergency, but it has not fully disappeared. Its material remnants continue to inhabit everyday environments, shaping post-pandemic life in subtle yet consequential ways. By attending to these lingering interventions, this paper advances an anthropology of post-emergency health worlds, one that takes seriously what public health leaves behind once urgency fades (Abramowitz, 2017; Lakoff, 2017).

Focusing on the afterlives of COVID-19 public health interventions in Kenya, the analysis traced how masks, hand-washing stations, sanitizer dispensers, and health posters shifted from instruments of emergency governance to residual features of ordinary spaces. This transformation shows the temporal limits of biomedical authority and reveals how public health crises end unevenly, with material infrastructures often outlasting the political and institutional conditions that once sustained them (Foucault, 1978; Larkin, 2013).

Conceptually, the paper introduced the notion of infrastructures of exhausted agency to capture how material interventions can remain physically present while losing their capacity to regulate behaviour, convey moral obligation, or structure social practice. Rather than failing or being actively resisted, these infrastructures drift into neglect,

exposing a mismatch between crisis-driven governance and the durability of material form. Attending to this condition extends medical anthropological debates beyond moments of compliance and resistance to include the quieter, less visible processes through which public health authority dissipates over time (Fairhead *et al.*, 2006; Star, 1999; Wilkinson & Leach, 2015).

Methodologically, the study demonstrated the value of emergent ethnography and photographic documentation in rendering visible what has become ordinary, ignored, or taken for granted. By paying attention to absence, non-use, and material inertia, the analysis showed how the legacies of health emergencies are inscribed not only in policy, discourse, or memory, but in the mundane infrastructures that continue to shape everyday life (Navaro-Yashin, 2009; Pink, 2015). Taken together, these insights suggest that understanding future public health crises requires attention not only to how interventions are enacted, but also to how—and whether—they are allowed to end.

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Conflict of Interest Statement
The authors declare no conflicts of interest.

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