Ethiopia Supporting Evidence from the COVID-19 case study data in three districts from Jimma Zone, Southwest Oromia, Ethiopia.

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Manuscripts

Kumsa D.M, Bayou N., Woldie M., PARES Research Group, Mayhew S. H., Maat, Harro. *In Preparation* Leadership and Task Force Coordination in the COVID-19 Response: Qualitative Study in Jimma Zone, Southwest Oromia, Ethiopia

Kumsa D.M, Bayou N., Berhanu, Woldie M., PARES Research Group, Maat, Harro, Mayhew S. H. *In Preparation* Leveraging Social Capital for Managing Socioeconomic Crisis of the COVID-19 Pandemic: A Realist-Informed Qualitative Study in Jimma Zone, Southwest Oromia, Ethiopia

Kumsa D.M, Bayou N.B, Mayhew S. H., PARES Research Group, Maat, Harro, Woldie M. *In Preparation* COVID-19 Exposure Experiences and Coping Strategies: Challenges and Opportunities: A Realist Informed Qualitative Study in Jimma Zone, Southwest Oromia, Ethiopia

Data Collected:

Data for this case study were collected from Jimma Zone, Ethiopia, three districts, Jimma Town, Seka Chekorsa, and Agaro, from March to May 2024, through focus group discussions (FGDs), key informant interviews (KIIs) and in-depth interviews (IDIs). Study participants include different segments of the population (health service providers and leaders, Experts from Public Health Emergency Management (PHEM), community members, religious leaders, community leaders, and local NGOs. Secondary data from hospital records and published documents were also used to support the analysis.

In total, 9 FGDs, 29 KIIs with health service coordinators, PHEM focal persons, and service providers from the health system and collaborating sectors, and 23 IDIs with community members were conducted.

Identified mechanisms by which community engagement & involvement can build resilience

Case study 1: Ethiopia – Covid19 – Multi-sector collaboration

Multi-sectoral collaboration through active coordination of the emergency response task force: Establishment of the Emergency Response Task Force, which brought together multiple stakeholders, strengthened local leadership and coordination. This approach enhanced the effectiveness of the Covid-19 pandemic response through encouraging multi-sectoral collaboration and community engagement at multiple levels of the Jimma zone response.
Vignettes #1, #2 and #3

Case Study 2: Ethiopia – Covid19 – Resource mobilization and management

Leveraging social capital to support vulnerable people: Partnerships of trusted stakeholders mobilised local resources and social capital in response to the economic crisis that emerged following the Covid-19 pandemic. This facilitated equitable and fair distribution of food and materials needed to meet the needs of vulnerable groups and prevent the spread of Covid-19 among them.
Vignettes # 4, #5, #6 and #7

Case Study 3: Ethiopia – Covid19 – Universities as enablers

When universities regularly engage with communities, their information is trusted and they can mobilise multiple stakeholders for local crisis response: Jimma University (JU) has longstanding presence in communities of Jimma zone through its Community Based Education approach which sees regular interaction between JU staff and students and community members in matters of research. During the Covid-19 outbreak, it was therefore regarded as a trusted source of health information and messages and was able to mobilise a wide range of stakeholders to support community engagement and involvement in response planning and actions.
Vignettes #1 #2, #5

Vignettes (1- 7 Organized in numerical order)

Vignette 1

In the Jimma zone, COVID-19 prevention and control initiatives were commenced with the establishment of a zonal level task force (steering committee) led by the Jimma University president, encompassing the city mayor, and healthcare leaders. Following this, the Jimma Emergency Operation Center (JEOC) was established in Jimma University, and this centre coordinated and led COVID-19 response activities under the guidance and facilitation of the steering committee. *"The steering committee comprising of the university president (chair), the Jimma zone administrator, the mayor, the head of the zonal health office, the incident manager, and heads together have specific responsibilities stated in the TOR, including arrangements of the burial services." (KII participant, JEOC, Jimma town).*

As this KII participant stated, all committees established for the specific response to the COVID-19 pandemic have been actively engaged in various activities based on the roles assigned to each member, to coordinate the response activities, the committees had regular discussions via phone and Zoom meetings, to share progress reports including any community concerns and rumours to be addressed, stating that they had good working relationships that helped in strengthening multi-sectoral collaboration and active participation of influential public figures in awareness raising.

This KII noted, *"The steering committee meets frequently as needed for progress evaluation. The COVID-19 response management team, which includes the hospital's CEO and other clinical management teams, holds frequent meetings to evaluate the progress of the coordinated actions. Additionally, the response team, surveillance team, laboratory team, community mobilization team, community engagement team, WASH and IPC team, and the COVID-19 care team meet every week for the evaluations. We also participate in quarterly meetings with local stakeholders. The JEOC was responsible for coordinating these tasks at different levels and evaluating the progress." (KII participant, former incident manager, JEOC, Jimma Town)*

An expert on infection prevention from JEOC further elaborated that they worked closely with local kebele administrators, and health professionals in other health facilities on awareness raising.

"The Kebele administrators were working on awareness raising along with the health professionals assigned there in their area; they enhanced the community to know more about COVID-19." (KII participant, Expert from JEOC, Jimma Town)

Overall, the COVID-19 response activities were led by JEOC, under the auspices of Jimma University, enabling the active participation of local communities through the task force established at each district, and in all kebele (the lower administrative unit), and this enhanced the community participation in awareness raising, case identification and reporting.

Vignette 2

JEOC engaged locally trusted public figures, such as religious leaders, Abba Gedas, Hadha Siinqees and trained community volunteers, in awareness-raising campaigns that was conducted in two rounds in Jimma town and in all districts.

One of the KII participant witnessed these as follows:

"*Religious leaders like Abba Gedas and Hadhaa Siinqees played a crucial role during the pandemic by educating the community, dispelling misconceptions, and leading by example in vaccination efforts and identification of suspected cases*." (KII participant, Jimma Zone Health Bureau, Jimma Town)

Another KII participant from Jimma town also witnessed the impacts of active involvements of the community and stakeholders with the following quotation.

"*Collaborating with the community and other stakeholders led to several significant changes including increased awareness and adherence to preventive measures, improved access to healthcare services, and enhanced surveillance and early detection of cases and ensuring of timely provision of treatment*." (KII participant, Jimma Town, PHEM Expert)

"We used loudspeakers on ambulances to enable zonal administrators, town administrators, and Aba Gedas to speak and teach the community. Throughout the nation, various television channels were also providing information about COVID-19, and regular press releases were issued as well." (KII participant, Former Incident Manager, JEOC, Jimma Town)

This key informant indicated that awareness-raising campaigns were organized in two rounds, involving influential public figures such as the city mayor, Abba Gaddas, Hadha Sinqees, religious leaders, and local NGOs in Jimma city and its surrounding districts to encourage the adoption of protective measures. Throughout the campaigns, banners with information on how to prevent COVID-19 were displayed on vehicles, and key messages were communicated via loudspeakers in city centers and

public squares. Influential public figures conveyed information about COVID-19 transmission, the virus's severity, and prevention methods via loudspeakers. The key message was: 'Let us protect ourselves, our families, and our communities from coronavirus. Wearing a mask protects you, and protects your family, your community, and me.

Awareness raising activities were also conducted in schools and in areas where there were high public gatherings, such as market areas, on the prevention measures.'

"Awareness campaigns were conducted across districts by involving stakeholders from various sectors, including administrators, politicians, religious leaders, and media representatives." (FGD participant, From Community Member, Agaro Town).

Local NGOs also supported these initiatives by providing logistical and transportation services, especially during the campaigns.

"*If we take NGOs, for example, first, they provide different supplies like masks and sanitizers, and budgetary support by buying materials needed for medical care, like oxygen machines. They were doing per-dem and giving transport support to health professionals. They also allocated a budget for us to provide health education and training*." (KII participant, Jimma zone PHEM expert, Jimma town).

According to PHEM experts and FGD participants from Agaro and Seka Chekorsa districts, awareness raising campaigns and ongoing education were conducted in schools and in areas with high public gatherings, such as market areas. These initiatives encouraged the community to better understand COVID-19 as a severe health risk and adopt the recommended prevention methods. Additionally, trained community volunteers, health extension workers (HEWs), and returning university students were deployed in community to encourage the practice of preventive measures to control the spread of the virus. This approach improved the community's understanding and practice of preventive measures.

One FGD participant from Agaro town stated how they arranged facility for hand washing to encourage the practice of preventive measures as follows:

"I have been actively involved as a community participation organizer with about 800 followers. We agreed that each person would contribute one soap, totaling about 200-300 soaps collected. Additionally, each interested person contributed jar for water to establish sanitation facility at public areas, while every group of ten people supplied one sanitizer

and two masks per person. These supplies were professionally managed, and guidance on their proper use was provided." (FGD participant, Agaro town, Jimma Zone)

The engagement of different key stakeholders encompassing public figures in raising awareness encouraged active participation of community members, and this played significant role in adoption of preventive measures as this group became a role model.

Vignette 3

In all district of Jimma zone including the town, a command post or subcommittee was established in each Kebele, which included local government structures such as Health Extension Workers (HEWs), women's group leaders, neighborhood household group heads, and community volunteers selected from each kebele. These individuals were trained and deployed back to their locality and engaged in risk communication and surveillance. They educated residents gathering them in school since schools were closed at the time. In addition, local leaders, HEWs, and community representatives facilitated risk communication, surveillance, and response efforts across all administrative units by encouraging community participation.

As a home-stay-rule, to reduce the risk of COVID-19 spread the taskforce relocated homeless persons from the streets by arranging feeding support in consultation with local restaurants, and where possible reintegrated them with families.

"*The Jimma city administration and the health office promptly gathered the street children to prevent the spread of disease. They relocated the children to schools and conducted tests*." (FGD participant, from Women's Group, Jimma Town)

"*We collaborated with different stakeholders and relocated them to various schools as a stay-at-home rule, as they do not have a home to stay in* ..." (KII participant, from Social Affairs office, Jimma Town)

This expert also stated that they arranged feeding for these street children by collaborating with various stakeholders, including restaurant owners, and that they reintegrated some of them with their families after screening them for the COVID-19.

Continuous awareness raising campaigns were conducted at bus stations and marketplaces to encourage the practice of protective measures, and their participation in case identification and reporting. One participant stated how they have been working with local leaders as follows:

"*The kebele administrator calls the Garee and zone leaders to orient them about the disease,*

its transmission, and prevention methods. If there are 20 Garees in a kebele, the chairman gathers these representatives to discuss how to report symptomatic individuals to health professionals, who then contact the woreda to send assistance. We followed these directions, and everyone's phone was on." (KII participant, from Busaa Gonofaa Office, Seka Chekorsa District)

One of the KII participant health extension workers (HEW) stated how they have been working closely with neighbourhood household leaders, "Garee leaders" in case identification.

"*When someone who is a stranger comes, they (Garee leaders) do report it to us immediately. Then we go to the site carefully to clarify the situation without creating chaos. The way they participated was good. When we encountered a problem that was beyond our capacity, we reported to Jimma town health office*." (KII participant, HEW, Hermata Kebele, Jimma Town).

Regular weekly meetings in the presence of higher officials were part of the local administration's strategy to evaluate the implementation of activities and discuss the plan as this KII participant stated

"*We were gathering once a week at 4 pm at the presence of the command post to evaluate our weekly duties and plan. Representatives from each zone, the Kebele chairman, HEWs, supervisors from the health center, and the health office were also part of the evaluation team."* (KII participant, Hermata Kebele, Jimma Town)

Similarly the HEW from Ginjo kebele, also stated that they were having regular meetings to evaluate performance, in addition to conducting continuous awareness raising education jointly working with women group leaders and community volunteers by conducting house to house visits.

The task forces, cascaded and established at various levels, coordinated activities focused on promoting community participation in surveillance and encouraging practice of preventive measures, including screening. This strategy includes educating the community through local networks, such as religious leaders teaching their congregations, ongoing awareness campaigns in schools, and the deployment of trained youth volunteers across different contexts.

Vignette 4

As many respondents reflected during the interviews and discussions, witnessing the economical sufferings of their neighbourhoods following the COVID-19 pandemic's residents initiated social support activities, in addition to calls for solidarity from the government and local administrators. Several resource mobilization activities were organized by community members, further strengthened and led by government administration, starting from the town's mayor down to the smallest administrative unit, the kebele.

One of the FGD participants from Seka Chekorsa shared that the local community initiated a support program after witnessing the sufferings of people in their neighbourhood with no incomes. This participant stated that the residents' began providing food items by sharing what they have to their neighbours, and even sent different food items to people in rural kebeles. Individuals with better income started providing aid to support these vulnerable community members as this person stated, even before the government began facilitating social support.

Another respondent from Agaro district stated that the facilitation of social support for vulnerable community members was a team effort. As a neighbourhood team leader at the time, he indicated that he engaged in various activities beyond educating his community, including mobilizing resources to support vulnerable groups. He also mentioned that local business owners, youth, and religious leaders collaborated with their kebele to assist these vulnerable community members.

"*Many people contributed in-kind donations, such as food, masks, and hygiene supplies. Additionally, some donated cash to assist community members facing financial hardship due to the pandemic*." (KII participant, BSc Nurse, Seka Chekorsa Health Centre)

During the COVID-19 pandemic task force and local leaders facilitated structured support to minimize the duplication of efforts in arranging support for vulnerable households. Though, there are culture of supporting one another at the time of crisis, to ensure that no one in need of support left unidentified community volunteers registered vulnerable households in their village working closely with local community structures, and then support was provided based on the list provided by the local kebele administrators. This approach ensured fair distribution of resources.

one of the FGD participant from women's group leaders stated as follows:

"*As we are the representatives of the neighbourhoods, we know our members properly, so we know who is in what situation. Then, we select those who have no income and cannot go out to work … Then we report their names to the kebele, and the kebele, with the collaboration of the zone and the town, supports those people. So the support was given this way. Business owners, religious institutions, and Jimma University supported this initiative*." (FGD participant, Women group leaders, Jimma Twon)

In collaboration with religious leaders, government sectors, NGOs, business owners, and community leaders mobilized resources to reach people in need. Health extension workers, along with local community structures and volunteers, gathered resources to support vulnerable community members. Furthermore, community volunteers assisted the elderly and chronically ill individuals with resource supplies and transportation. Additionally, local NGOs also facilitated support and transportation services.

Vignette 5

In Jimma town to support vulnerable people, Family Guidance Association (JFGA) of Jimma branch established a communal store in partnership with the town administration. This store collects food items and supplies for individuals without income, prioritizing mothers with children and pregnant women as one of the KII interview participants from this organization indicated.

"*…gathering people with no income in one kebele, we prepared a store through the town administration. We then collected materials and distributed them. We prioritized those with more children and pregnant mothers. This helped prevent people from being exposed to the disease while searching for food*." (KII participant, FGA program coordinator, from local NGO, Jimma Town)

The Family Guidance Association (FGA) is a local NGOs known for providing sexual and reproductive health services (SRH). The organization participated in Covid-19 response activities based on directions from their partner institution following a call for cooperation from the Ethiopian government.

In addition, the staff at Jimma University's School of Social Work first initiated support for vulnerable groups, such as homeless individuals and people in correctional centres.

Following this, a wider University-based campaign was organized, and the employees of the University contributed 30% of their salary and provided food and sanitation materials to over 3000 vulnerable people.

A former JEOC coordinator stated that the government structure, starting from the mayor's office, was organizing resource mobilization to support needy people. He describes it as follows:

"*The city administration took the initiative to raise funds and assist the COVID-19 victims. Additionally, the Kebele community was mobilized to provide food for those in need, ensuring that at least one person could help another. As this cooperation evolved into an organized effort, individuals and groups contributed to the cause. However, Jimma University approached this challenge as an institution. We launched an extensive campaign encouraging staff contributions and in collaboration with the local NGOs, we provided humanitarian support including mattresses, oil, and food*." (KII participant, Former JEOC Incident manager, Jimma Town)

Vignette 6

Disaster Risk Management Office, currently named "Busaa Gonoofaa," mobilized resources jointly taskforce and religious leaders to support vulnerable people in all the districts including Jimma town.

A participant from the Buusaa Gonofaa office in Seka Chekorsa stated that their office regularly collects donations from farmers, which are deposited into the Buusaa Gonofaa account managed by a nine-member committee. During emergencies, funds can be withdrawn legally with the unanimous agreement of all committee members, enabling them to purchase necessary supplies. For instance, he stated that their office purchased mattresses, blankets, bed sheets, pillows, and handwashing materials, and distributed them to the health station and the school serving as isolation centres during the COVID-19 pandemic. Below is his statement:

"*We arranged an isolation centre by repurposing a school for those arriving from abroad before they reunite with their families. Funds collected from farmers are deposited into the Buusaa Gonofaa account, which is managed by a nine-member committee. In emergencies, funds can be legally withdrawn after unanimous agreement from all committee members, allowing us to purchase necessary supplies. For example, we purchased mattresses, blankets, bedsheets, pillows, and handwashing materials, which were distributed to the health station and the isolation*

centre (the school)." (KII participant, Seka Chekorsa, Buusaa Gonofaa office, Seka town)

This KII participant also stated that, government employees facilitated support for selected vulnerable community members by purchasing food items and sanitation materials through monthly salary deductions.

As many experts stated during the interview, many activities during the Covid-19 pandemic crisis were collaborative. For instance, restaurant owners supported feeding Covid-19 patients and suspects isolated at quarantine centres.

The former JEOC coordinator stated as follows:
"*The university took over and used some hotels for the COVID-19 patients. Other hotels were also supplying food. For example, Central Hotel, Boni, and Honey Land Hotels supplied food for COVID-19 patients. These were all done by the NDRMC (Buusaa Gonofaa) office in Jimma town since it had political support*." (KII, Former incident manager, JEOC).

For this all to happen, though, there was also a willingness from the hotel side as a coordinator by the time the zonal disaster risk management commission office, currently named "*Buusaa Gonofaa*" office, was among those actively mobilizing resources and coordinating support being with a kebele office at all level, including at the district level.

As some participants of this study stated working closely with local leaders and the task force established for the Covid-19 response strengthened more the social support initiatives, and communities also responded positively to the request made by showing solidarity as they trust these groups.

"*There was a trust. When you go and ask the business community what you need as a task force, you will be more trusted than you go alone; and you will get the support that you need*." (FGD participant, from community member, Jimma town)

"*I believe that the COVID-19 pandemic has taught us valuable lessons about the importance of community-led responses to health crises. We've seen how communities can come together to support each other, follow preventive measures, and work alongside healthcare providers to combat the spread of diseases*." (IDI participant, Jimma Town)"

Vignette 7

In Jimma Zone, different stakeholders including NGOs, religious institutions, community-based organizations, iddir, and local community structures joined the COVID-19 crisis response efforts. The quotation below illustrates how different organizations were supporting the health sector in managing the impact of the pandemic, by enhancing the capacity of health care service delivery and through providing humanitarian services for vulnerable community members.

As many of the participants witnessed, the Ethiopian Red Cross was providing humanitarian services at isolation centres, providing ambulance services to transport victims and suspects, and supporting the implementation of prevention activities through material delivery. In addition, they also provided support for vulnerable community members collaborating with other local NGOs and government bodies.

A medical Doctor who was working at one of the Covid-19 treatment centres in Jimma town at the time mentioned that, witnessed that service given at the time was not limited to health professionals stating that humanitarian organizations and international organizations were also engaged by quitting their formal programs to enhance the quality of health service delivery.

He stated that many organizations supplied equipment needed to provide Covid-19 treatment; in addition, they also transported donated medical equipment:

"... *It was effective and involved many stakeholders including health professionals, government officers, NGOs working on health services, and higher-level professionals dealing with health concerns*." (KII participant, Hospital, Jimma town)

"*Local organizations, the Red Cross, Fayya integrated groups, and charities have stepped up to provide food assistance, financial aid, and other resources to those in need*." (FGD participant, from religious leaders, Jimma Town)

"*By collaborating with Red Cross Ethiopia and various stakeholders like the women and children's office, we put water jars, water, and soap in the place where we identified where people were condensed*" (KII participant, from Jimma Social Affairs office, Jimma Town)

"*Community organizations helped distribute essential supplies like masks and hand sanitizers to those in need. They also organized volunteers to provide assistance with tasks like grocery shopping for vulnerable individuals who couldn't leave their homes*." (KII participant, Seka Health centre, Seka Chekorsa District)

FGD participant from Seka town also witnesses that local NGO's were highly engaged in supporting vulnerable community members by providing sanitation materials, and that they played active role in awareness creation efforts too, being with local community structures:

"*Local NGOs, for instance, have been pivotal in raising awareness about COVID-19, distributing essential supplies like masks and sanitizers, and providing support to vulnerable groups who were most affected by the crisis*" (FGD participant, From Community Member, Seka Town)

Moreover, some local NGOs and the Iddir associations encouraged a few selected people who were willing to start small-scale businesses by providing them with start-up seed money and training to let them engage in income-generating activities.

One of the KII participants from Ginjo kebele stated that one local NGO named "*Fayaa Integrated*" was helping vulnerable community members by recruiting from the community, for those who can work; it gives a startup capital so that they can start work based on their interest. An FGD participant from Women's group of Jimma town also noted that this organization was supporting them by providing materials needed to engage in baking and selling Injera. Injera is a pancake like flattened bread made of teff flour, and staple food for Ethiopians.