

PARES Case Study of Engagement & Involvement for Resilience

Case Study Title/ID: Ethiopia, Covid-19, Resource mobilisation & management

Country/location: Ethiopia: Jimma city, Seka Chekorsa, & Gomma districts, Jimma Zone

Crisis/challenge type: Covid-19

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PARES Resilience Pathways illustrated by this case study:

Operational Systems: coordination & partnership between health workers, elders & local leaders to mobilise and manage resources equitably during crisis

Recommended Actions

For Communities: Participate in facilitating support for vulnerable households by positively responding to resource mobilization efforts in crisis response.

For Governments: Institutionalize and strengthen local funding arrangements for vulnerable groups in crises response.

For NGOs & health program implementers: Leverage local social network and local community structures in facilitating social support in crisis response to ensure equitable and fair resource distributions.

For Funders: Provide funding for government and NGOs that work towards improving livelihood of vulnerable groups to enhance their coping capacity and their flexibility to respond to emerging needs in crises.

Data for this case analysis

Primary data collected between March-May 2024 from stakeholders at zone, district and community levels: 29 key informant interviews, 9 focus group discussions, and 23 in-depth interviews.

Key Message

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.

Case study summary

Trusted community members—such as community leaders, religious leaders, Abba Geda's, and Hadha Siinqees—work alongside local government to strengthen cultural norms of mutual support during crises and mobilise resources to ensure that assistance reaches vulnerable groups. Local leaders help coordinate efforts with established community structures, enabling effective identification of households in need. The local administration further supports this process by assigning selected community volunteers, women group leaders, household group leaders, and health extension workers to identify and prioritize vulnerable individuals. Through collaboration across sectors, task forces, religious leaders, and community volunteers collectively mobilize resources using their social networks. This coordinated effort ensures fair and equitable distribution of food and essential items. Overall, in the study areas of Jimma zone these combined actions helped protect at-risk households, prevent the spread of the virus and reinforced community resilience and solidarity.

Detailed explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

In communities facing socio-economic crises, mobilising social support by leveraging social capital encourages mutual assistance through the active participation of trusted community leaders, in collaboration with government officials and task forces. This approach enhances access to support for vulnerable community members. The involvement of local NGOs, religious leaders, community volunteers, and government structures in fundraising efforts facilitates donations through their social networks, thereby strengthening social support.

During the Covid-19 pandemic, resources were mobilised across sectors to assist vulnerable community members. Fundraising efforts included salary contributions from government employees, donations from business owners, and affluent families. The integration of traditional community support with formal disaster management structures bolstered social protection mechanisms, ensuring timely assistance to those most affected by the crisis and reinforcing community resilience.

The actions (mechanisms) that were observed to lead to resilience outcomes

During the Covid-19 pandemic, to arrange social support in a structured way, resources were mobilised across sectors through the facilitation of local government leaders. These leaders facilitated the identification and selection of people in need. To ensure that no one in need of support was left unidentified, community volunteers and health extension workers worked closely with household group leaders and women group leaders to register vulnerable households in their villages. Based on the name list provided, the kebele leaders coordinated support for food and sanitation materials, working jointly with religious leaders, government institutions, and local NGOs.

To support vulnerable community members, resources were mobilised through the local community network, with active participation from religious leaders, elders, and a task force established for emergency response. Fundraising activities, such as arranging monthly contributions from government employees, individual donations, and contributions from business owners and affluent families, were the primary methods.

The Disaster Risk Management Office, currently named “Buusaa Gonofaa,” mobilised resources to support vulnerable community members in all the districts, including Jimma town, with the task force in their area and religious leaders. Local NGOs and government employees donated to support these initiatives and engaged in joint resource mobilisation with religious leaders and trusted local community leaders.

According to these study findings, even though there was a culture of supporting one another during crises before the Covid-19 pandemic, during the Covid-19 pandemic, to confirm access to food and other resources needed for prevention, community volunteers identified vulnerable households by going door-to-door. These approaches ensured fair and equitable access to resources for vulnerable groups. Moreover, the call for showing solidarity from the government and facilitation of resource mobilisation and management using social networks ensured access to resources for vulnerable groups and helped to better control the social crises that emerged following the pandemic.

Observed outcomes

As indicated by this study, support for vulnerable community members, provided

by mobilizing resources and engaging trusted community structures, ensured access to food and materials needed to prevent the spread of the virus. The structured support arrangement minimised the risk of virus exposure and duplication of efforts by ensuring fair and equitable resource distribution.

In addition, as some study participants stated, the community's culture of supporting one another and fostering solidarity has improved significantly since the pandemic. Understanding the socioeconomic impact of Covid-19 on vulnerable groups, the prime minister introduced the initiative called "sharing the meal," which means feeding vulnerable neighbourhoods at least once a day. This practice was implemented in different regions similar to this study area, and it improved access to food and aid. As some of the study participants indicated during the interviews, support provided to vulnerable community members protected them from having to go out to look for food, which could have exposed them to the coronavirus.

Local NGOs, government sectors, Jimma University, and various business owners, along with volunteer community members, have played a crucial role in saving the lives of many vulnerable individuals. Moreover, the collaboration between the health sector and non-health sectors, including local community-based organizations, Iddirs, NGOs, and religious institutions, was notably strengthened during the Covid-19 response. The contributions of local NGOs, health extension workers, and community volunteers in organizing and facilitating a support system ensure that vulnerable community members have access to resources and essential supplies.

Case Evidence

Vignettes #4, #5, #6, #7 in Ethiopia – Covid19 – Supporting Evidence document.

Related case studies

Ethiopia – Covid19 – Multi-sectoral Collaboration

Ethiopia – Covid19 – Universities as Enablers

Other relevant case studies

Ethiopia – Drought – Trusted Leaders and Communication

Ethiopia – Drought – Knowledge Integration

Ethiopia – Drought – Social Capital and Collective Action

Ethiopia – Drought – Embedded and Equitable Partnerships