PARES Case Study of Engagement & Involvement for Resilience

Case Study Title/ID: **Ethiopia, Covid19, Multi-Stakeholder Collaboration**
Country/location: Ethiopia: Jimma city, Seka Chekorsa, & Gomma districts, Jimma Zone
Crisis/challenge type: Covid-19

Contact researcher (for more information):

Diribe Makonene Kumsa: diromek@gmail.com

PARES Domain illustrated by this case study:

Operational Systems: collaboration, coordination & partnership between health workers, elders & local leaders to mobilise and sustain community action

Recommended Actions

For Communities: Use information and support from multi-stakeholder platforms to take action when disease outbreaks/other crises occur.

Engage in response efforts by cooperating with responsible bodies.

For Governments: Use multi-stakeholder platforms to mobilize communities for engagement in crisis response and risk communication.

For NGOs & health program implementers: Support (or establish) multi-stakeholder platforms for sustained operation to enhance community engagement in crisis response.

For Funders: Provide funding for government and non-governmental organizations supporting multi-stakeholder platforms to ensure community engagement in crisis response.

Data for this case analysis

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

Key Message

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.

Case study summary

During outbreaks of new diseases, such as the Covid-19 pandemic, fear, misinformation, and cultural beliefs hinder acceptance of preventive measures. The establishment of Emergency Response Task Forces at various government administrative levels, followed by the formation of Jimma Emergency Response Center (JEOC), which coordinates and organizes response activities, provided a structured framework for Covid-19 response. Building on Jimma University's long-standing community partnerships and the trust established through its community-based education and peacebuilding initiatives with religious and cultural leaders, the JEOC effectively mobilized local participation. It organized teams focused on case management, rapid response, risk communication, and surveillance, fostering community engagement in awareness and early case detection. Using respected local figures, including traditional and religious leaders, the JEOC conducted awareness campaigns. Strong political commitment and inter-sectoral collaboration enabled effective communication, planning, and action across sectors. By leveraging communities' respect for local leaders, these coordinated efforts improved trust, awareness, and participation in preventive measures, ultimately enhancing community acceptance and adherence to Covid-19 response strategies.

Detailed Explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

At the onset of the Covid-19 pandemic, misinformation and rumours circulating within communities challenged the adoption of preventive measures, and participation in surveillance efforts. In this context, strong government leadership and coordinated action became essential. By engaging trusted community leaders, respected public figures, and formal community structures, authorities were able to counter misinformation and encourage behavioural changes. The establishment of emergency operation centres and multi-level task forces provided a coordinated framework that facilitated the adoption of preventive measures such as facemask use and hygiene practice. Furthermore, trained community volunteers were deployed along with health extension workers and local government community structures such as household group leaders, and

women group leaders. These groups helped community members to better understand why their cooperation was necessary, and encouraged them to participate in case identification and reporting.

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

A steering committee led by the president of Jimma University, along with the Jimma City Mayor and health leaders, initiated structured emergency response mechanisms, including the Jimma Emergency Operation Center (JEOC). This system was replicated down to districts and kebeles, creating a cascade of command posts to facilitate Covid-19 response activities. The JEOC led risk communication, surveillance, and case management efforts in collaboration with the zonal health department and community task forces. They jointly organized awareness-raising campaigns using local community structures, religious leaders, and community volunteers appointed to raise awareness and encourage preventive measures practices.

In the Jimma Zone, awareness-raising campaigns were conducted in two phases, utilizing influential public figures such as mayors, Abba Gaddas, Hadha Sinqees, religious leaders, and local NGOs in Jimma town and surrounding districts. During these campaigns, ambulance sirens were used to alert the community, and information about Covid-19 transmission, ways to prevent it, and the virus's severity was communicated via loudspeakers in local languages in public squares. Health Extension Workers and community volunteers supported ongoing education on symptoms, reporting procedures, and preventive practices, enabling communities' participation in case identification and reporting.

In addition, continuous awareness-raising activities were conducted in correctional centres, market areas, schools, and other public service locations. Regular information sharing occurred through national TV and radio programs, which broadcast updates on new infections, deaths, and recoveries.

Observed outcomes

The key outcome achieved in response to the Covid-19 pandemic was improved communities' understanding of the pandemic and its prevention methods, which led to the adoption of the recommended preventive measures. The practice of facemasks, physical distancing, and hygiene practices was improved, leading to fewer infections and deaths. In addition, the emergence of the Covid-19 pandemic

helped the health service coordinators and leaders to understand the importance of early preparedness and active surveillance in emergency response. Moreover, it helped the health sector to strengthen its working relationship with non-health sectors, including local community-based organizations CBOs, NGO in crisis response, and to establish strong collaboration with stakeholders in crisis management. As a long-term outcome, it helped the community members to improve their hygiene practices, culture of saving, and support; furthermore, it helped them to better understand health risks in addressing complex health challenges.

Case Evidence

Vignettes #1, #2, and #3 in Ethiopia – Covid19 – Supporting Evidence document.

Related case studies

Ethiopia – Covid19 – Resource Mobilization and Management
Ethiopia – Covid19 – Universities as Enablers

Other relevant case studies

Ethiopia
Ethiopia – Drought – Trusted Leaders and Communication
Ethiopia – Drought – Knowledge Integration
Ethiopia – Drought – Social Capital and Collective Action
Ethiopia – Drought – Embedded and Equitable Partnerships

Infectious Diseases

Sierra Leone – Lassa – Trusted Leaders
Sierra Leone – Lassa – Knowledge Systems Alignment
Sierra Leone – Lassa – Communication & Information Systems
Sierra Leone – Lassa – Multi-Stakeholder Collaboration
Sierra Leone – Lassa – Institutional Learning
Sierra Leone – Lassa – Social Learning