

Collaboration with Local Government: Experience from WASH First COVID-19 Response Project

“We always consider our role to be a facilitator. We love to see local government take the lead and assume full ownership of whatever we do jointly.” This statement, although casually uttered by Hirphasa Gisila, a project officer from Amref Health Africa’s Shashamane Office, underscores Amref Health Africa’s beliefs and approach towards collaboration and integration with local government in Ethiopia. In fact, a careful review of documented project activities and progress as part of their knowledge management process clearly demonstrates collaboration and integration with local government throughout the planning, execution, monitoring, and evaluation stages of a project.

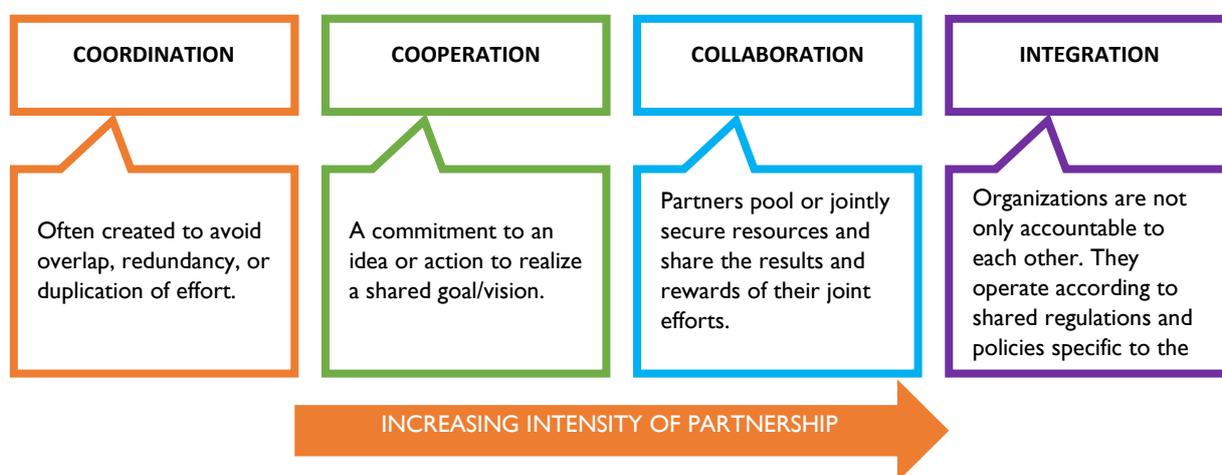


Figure 1: Definitions of coordination, cooperation, collaboration, and integration

Cases of Collaboration between Local Government and Amref

Co-Project Launching and Familiarisation: Amref Health Africa has been a lead consortium member for the WASH SDG project which is currently in phase II of implementation in Negelle Arsi and Shashamane districts. Considering its local experience and good reputation, Amref, with support from local government, began a new COVID-19 response project in early 2020.

To foster synergy and collaboration, Amref organised a familiarisation workshop at the project inception followed by a planning meeting at Hawassa town on 21 December 2020. The purpose of the planning meeting was to discuss and reach consensus on detailed project activities, develop a clear timeline, and allocate resources while the familiarisation workshop was intended to brief local governments and stakeholders on the programme log frame and theory of change to meet the programme goal of preventing and controlling COVID-19 and its catastrophic effects.

Both the familiarisation and planning meetings were attended by district heads and experts from local government offices who are signatory sectors for the WASH SDG and WASH First COVID-19 Response Projects. Teshome Mohamed, Head of Shashamane Town Health Office, stated, “The project approach of collaboratively working with government is an effective intervention mechanism in terms of strengthening WASH infrastructure, provision of personal protective equipment, and behavioural change communication.”

Samuel Girma, Amref Health Africa's WASH Project Manager, said that the project is overall aimed at strengthening government intervention capacity on COVID-19 through collaborative efforts and emphasised the importance of creating synergy among different actors working on controlling and preventing the pandemic through joint planning and sharing of resources.

Co-Establishing and Convening a COVID-19 Task Force Meeting: Following the pandemic, a task force was established for both Negelle Arsi and Shashamane districts. The task force members were drawn from heads of key sectors including health, education, water, town administration offices and WASH development partners. Amref closely worked with the task force by providing them with technical and financial support by coordinating and convening the regular meetings.

The task force provides concrete direction based on empirical observation and recommendations. The task force meetings were conducted following quarterly review meetings and joint monitoring supervision by signatory sectors of the project. The task force was initially active and effectively monitored communities and institutions adherence to the COVID-19 preventive measures but was later distracted by national election campaigns and was not able to meet frequently. At the end of May, Amref separately organised a task force meeting for both districts where the heads of sectors promised to give equal emphasis to COVID-19 prevention during the election time.

Collaborative Behavioural Change Campaigns: As part of the project's objective to prevent and control the spread of COVID-19, behavioural change campaigns were conducted in both urban and rural areas of Shashamane and Negelle Arsi districts through collaboration and integration with the COVID-19 task force, local media, district administrative offices, and town health offices. Amref provided training on COVID-19 for both health professionals and other frontline workers in health care settings as part of the capacity building and awareness creation activities. Involving experts from health offices and other WASH partners. The awareness creation campaigns were conducted in community and institutional settings by trained health professionals.

To overcome the community's low risk perception due to perceived low susceptibility to COVID-19, and the overall tendency to externalise and politicise COVID-19 related messages, the Amref Health Africa field team forged strong collaboration and integration relationships with COVID-19 task force members through customising behavioural change campaigns using local contexts and languages based on communities' perception and practice on COVID-19. The task force also involved public serving institutions including transportation, banking, business centres and others to help them provide handwashing facilities with soap and to put signage on their premises to help increase adherence to preventive measures at individual and institutional levels, especially during the second wave of COVID-19 in April/March 2021.

Collaboration on COVID-19 Screening and Testing: Through collaboration between health offices in both towns and rural districts, Amref facilitated logistics for COVID-19 screening and testing in health facilities. During the testing, 1344 people were tested and 121 (9%) were positive. While Amref Health Africa helped with the logistics, the local government provided test kits and health professionals for whom Amref covered their daily expenses.

Co-Organising a Community Forum: In March 2021, the Amref team organised a community forum at Shashamane town to actively involve grassroots level government and community structures such as kebele level administration, religious and opinion leaders, elderlies, and Women Development Armies. The forum was organised primarily as a strategy to enhance community engagement in COVID-19 risk communication to overcome the low-risk perception and negligence in practising COVID-19 preventive measures.

The community forum was attended by more than 320 community leaders including traditional male and female community members and Ethiopian opinion leaders (Abba Gada and Hadha Sinkee¹), WASHCo members, Women Development Armies, and others. Health professionals from local hospitals and health offices held a panel discussion during the community forum to clarify and demystify myths and misconceptions of COVID-19.

Joint Quarterly Project Review and Supervision: As a mark of true collaboration, the Amref team organised quarterly review meetings and joint monitoring and supervision with the local governments involving heads of sector offices. The quarterly reviews and joint supervision were aimed at evaluating progress and deciding the future for the project.

The project team used the inputs from the quarterly review meetings to prioritise activities. For instance, the procurement of personal protective equipment (PPE) and other non-food items (NFI) including jerricans and buckets was prioritised through this meeting. During another quarterly review meeting, it was decided to revise the target beneficiaries and focus on providing PPE/NFIs to the vulnerable households

Sensitisation on and Prioritisation of Gender Equality and Social Inclusion (GESI): The project trained experts and heads from signatory sectors to increase awareness and commitment on inclusion and prioritisation of people with high vulnerability to COVID-19. For instance, Amref organised a training on GESI for the key sector offices selected in Negelle Arsi and Shashamane districts. The training is believed to have increased sensitivity to GESI in all the activities executed by local government.

Collaborative Personal Protective Equipment Provision: The project distributed PPE to both institutions and community members based on discussions and agreements with local government offices and the COVID-19 task forces in both districts. Both the screening and distribution process were undertaken through close collaboration with local government offices and partners.

The PPE community distribution was intended for the community members most susceptible to COVID-19 due to their medical condition, age, and poor socio-economic status. A total of 4000 beneficiaries were reached with packages for the prevention of COVID-19 which included ten laundry and body soaps, one bucket, five washable face masks, and a jerrican for drinking water storage for each household.

The screening of the beneficiaries was conducted through collaboration and coordination with community leaders who are in close contact and have knowledge of the community. A community leader in Edo Jigessa Kebele interviewed at the time confirmed that he and his team had been actively involved from the very beginning in screening the most vulnerable target groups. He indicated they prioritised those most at risk by focusing on households with people with disabilities, bedridden, or who are economically destitute, mainly focusing on female-headed households and elderlies, especially those with a comorbid condition.

Key Lessons from Project Experience on Collaboration and Integration

Increased accountability and transparency: The fact that all activities were jointly planned, executed, and supervised increased accountability and transparency among all signatory bodies. The local government was closely involved and monitored programme activities through joint monitoring, supervision, and quarterly reviews.

¹ Abba Gada: a leader in the Oromo democratic governance system; Hadha Sinke: The first lady, who holds a stick (sinqe) for decision- making purpose

Efficiency and effectiveness in decision making and resource utilisation: The collaborative project implementation was effective and efficient in resource utilisation through sharing expertise and critical resources as seen during the COVID-19 screening and testing. This joint sharing of resources and experts facilitated smooth and timely service provision to the community. The collaborative approach also reduced overlapping of services and duplication of efforts through better coordination and integration of activities through cross-collaboration among key actors from all signatory sectors.

Capacity building and sustainability: The collaborative approach of the project has also strong capacity building elements by meeting with and learning from diverse groups and gain an improved understanding of the community. Amref has also collaboratively planned and executed repeated training on multiple issues related to COVID-19 prevention and controlling in both institutional and community settings for professionals, task force members, media outlets and community members which has enhanced the local government capacity.

