

The background of the slide is a dark teal color with a faint, semi-transparent image of two hands shaking in a firm grip, symbolizing agreement or partnership. The text is centered and rendered in a white, serif font with a subtle drop shadow.

Implications for WES
sectoral / cluster coordination

Ethiopia 'AWD' outbreak
(May – Oct 2006)

3rd, EEHF, 3-4th May, Delft, Netherlands

Cluster Leadership Approach (CLA)

- **CLA informally being trialled** during 2006 – negotiation period with Govt
- **Government Emergency Task Forces (ETF)**, both supported by UNICEF (as Secretary & Co-Chairs)
 - Water, Sanitation & Hygiene (WES ETF) – chaired by MoWR
 - Health & Nutrition (EHNTF) – chaired by MoH
- **Ministry of Water Resources** – traditionally responsible for water
- **Ministry of Health** – responsible for environmental health including hygiene & sanitation

Unable to respond to all needs & requests

'Re-inventing the wheel'
& similar time-lag to get up to speed

Initially could not appeal openly
'Open the door slowly'

7. Limited access to resources

6. How to spread good practice between Regional States

1. Sensitivity to UN & NGOs at first & difficult to discuss openly

Dramatic differences – responses to flooding & AWD

Feb 2007

7 Reg. States with affected zones

Challenges for Cluster Coordination (during first few months)

5. Community based WASH – scale posed a very big challenge

2. Govt, UN, donors, NGOs – delay for some key actors to take outbreak seriously**

(** There were exceptions – including committed Gov staff on the ground)

High risk of spread & infection
& decentralised = many CTCs

4. CTCs – limited isolation, hygiene & sanitation measures

3. The media not being used during first months

Anecdotal examples of people going to funerals, going back home & dying – info followed spread

How to respond when there is not a declaration?

Differences of opinion...

- Don't respond until they declare and then they will have to declare ...

Versus

- Have to respond immediately and advocate at the same time...

Strategies

Organisations most involved during end June – end Oct 2006:

Govt – Regional State, Zonal, District – Health bureaus / departments, Water Bureaus / departments, hospitals / clinics, admin departments

Govt – Federal - MoH, MoWR, MoE

INGOs & Red Cross Movement - ACF, ESHE, ERCS, IRC, IFRC, Merlin, MSF (B, H, F, Gr, CH), OXFAM, PSI

UN – UNICEF (federal & regional offices – especially Oromia, but also staff in Amhara, Tigray & SNNPR), WHO, OCHA

Donors - USAID, DFID

Note – others became involved at later stages in other regions

Information, advocacy, assessments

1. Matrices of info & sharing, identifying priorities, direct requests for help
2. WES & health sector orgs – helped identify areas of particular concern for priority sector responses
3. Direct advocacy within UN, Fed Govt, Reg Govts, medical NGOs
4. 'Provider of last resort' e.g. CTC hygiene, sanitation, isolation
5. UN / Govt Assessment to West Arsi

UN / Govt Assessment - key turning point – following this:

Oromia Region AWD Plan – RHB, UNICEF, MSF-CH, MSF-B, Merlin, WHO
Oromia region – RHB, RWB used TV / radio media

Following this:

Federal Govt used TV / media

Federal Govt set up AWD National Coordinating Committee

Resources & community based WASH

6. Flooding & AWD 'artificially linked' initially – resources
7. Community based WASH:
 - Govt in first zone – strong coordination – spread messages - govt structures & community leadership & support from UNICEF & NGOs
 - PSI – key role in training for community based WASH across regions
 - 2 secondments - OXFAM & coordination / methodology strategy support - 3 key regions – Guji, Oromia; Amhara; SNNPR
 - Inter-agency group lead by IRC – messages & methodologies → results through federal AWD task force
 - GIS mapping – IRC – SNNPR
 - Some supplies, some financial support, but limited vs need

Efforts to stop 're-inventing the wheel' & promote more use of media

8. Direct support to coordination & good practice - NGOs & UN
9. Facilitated – travel of experienced Govt staff from one older to one newer infected region – for experience sharing, advocacy & training
10. Facilitated integrated training – otherwise often limited to case mgt / surveillance
11. Supported Env. Health sub-group of Federal AWD national coordinating committee (NCC) – chaired by Head Env. Health Dept, MoH:
 - NCC slow, but good initiative & brought Govt / NGOs / UN together
 - Sharing of data & info
 - Collated some protocols of good practice developed for sharing across regions
12. Encouraged WHO / OCHA / UNICEF Communications to support Federal AWD NCC – social mobilisation & advocacy (to improve use of media)

'AWD' Response Ethiopia – June – Oct 2006

Main gaps in the 'AWD' response:

- Not enough use of media, or for long enough
- Not enough support on the ground in all areas for mapping, prioritising & targeting community WASH responses
- Not enough funds, too slow
- Even with significant efforts to get all to work together & Federal protocols, re-inventing the wheel still continues in some areas
- Unable to stop the spread

Main strengths in the 'AWD' response:

- Low % death rate vs cases (in health facilities)
- Commitment of Govt staff on the ground – medical & other
- Examples of very good collaboration between diverse agencies
- Trust improved considerably between Govt, NGOs, UN
- Some success improving the hygiene, sanitation & isolation of CTCs
- Range of examples of good practice by range of different actors