



Challenges and Lessons Learnt in supporting a Decentralized Approach

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unicef 

UNICEF's interventions

1. First line support

- Rapid assessments
- Cluster lead role: coordination, advocacy, partners mobilization
- 'Provider of last resort': Medical, WASH and NF items: supplies + logistics

2. Support to preventative response

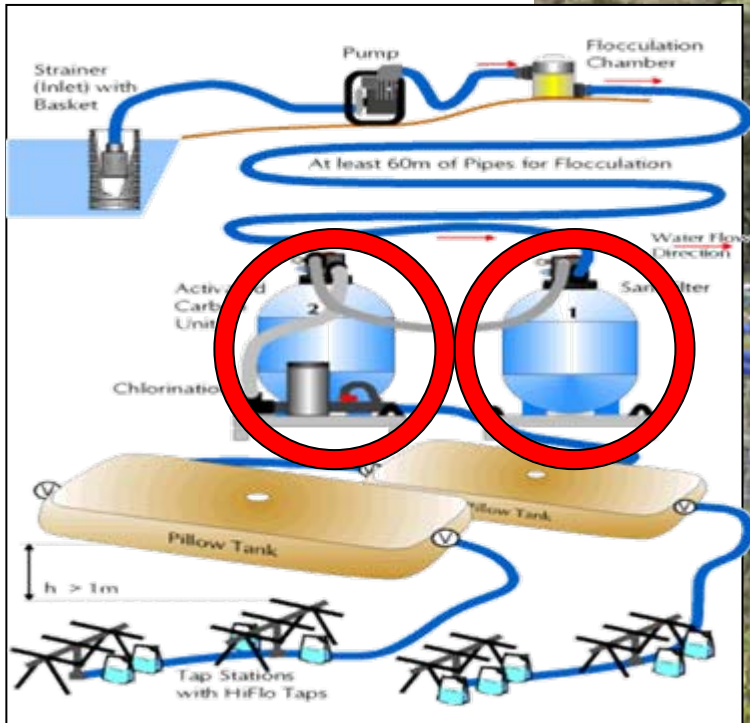
- Facilitated development of protocols at federal level for use of good practice across regions
- Joint trainings at regional and zonal level
- Focus on water quality at source and P.O.U (EMWat kits, containers, Water disinfectants...)

UNICEF's first line support



UNICEF's support to preventive response

EMWAT Kits



Specific examples from the field

Example 1

Joint assessments

Example 2

Multi-disciplinary training

Example 3

Decentralized CTC

Example 1

Joint assessments

Why?

- To encourage openness Govt / UN / NGO
- For advocacy – to get action in line with needs
- To facilitate coordinated rapid response
- People on the ground – tired of assessments

How?

- Immediately (e.g. UNICEF/MoWR/Merlin – West Arsi)
- Focussing on advocacy (e.g. Oromia President's Office involvement)
- Facilitate cooperation between:
 - Government branches (MoWR & MoH- Amhara)
 - Gov't / UN and NGOs (Oromia/ Afar)

Example 1

Joint assessments

UN, Gov.t and NGOs working together...



Multi-disciplinary training

Why?

- Need for decentralized support
- Training in some regions tended to only focus on case management
- Trying to get all to work together – Govt / NGO / UN & making best of skills
- Available IEC were not specifically designed for AWD, although attempts made

How?

- Amhara Region Training.....

Example 2

Multidisciplinary training



Example 2

Joint training (Amhara + Others)

1. Facilitators – different agencies

- UNICEF POs + Regional Water & Health Bureaus + NGOs (Oxfam GB, PSI, IRC, MSF- CH, F, H, G, Merlin)+ WHO

2. Multi-disciplinary trainees

- Health Professionals
- WASH Experts
- HEWs
- Teachers
- NGO staff...

Joint training (Amhara + Others)

3. Multi-disciplinary training topics

- AWD Surveillance, Record and Reporting
- Case Management (Medical + CTC set up & logistics)
- Hygiene, Sanitation and Isolation aspects of CTCs
- Awareness raising on Sanitation and Hygiene
- Water Quality + HH WT
- National Guideline & Protocol on AWD Prev. & Cont.
- Coordination, Stores and Logistics

Example 3

Support to decentralized CTCs



Support to decentralized CTCs

Why were CTCs decentralized?

- Set up to be closer to 'user'- less deaths
- Districts ready to support as they are the primary ones affected

How?

- Small: 4-10 in patients
- Essential staffing: nurses (Govt supplied)
- Focus on life saving interventions (basic training on case management)

Support to decentralized CTCs

Challenges in decentralization

- DIY set-up and no external direct mangt.
- Opening/closing/ moving/re-utilization decisions
- Lack of isolation and hygiene
- Links between preventive and curative

Unicef approach to overcome challenges

- Standard CTC package + logistic support (West Arsi, Amhara and other regions)
- IEC + Training + Supervisory multi-disciplinary WASH Team (West Arsi)

Example 3

CTCs: IEC+ Training+ MD Supervisory team

Challenges in IEC, training and supervision of CTCs

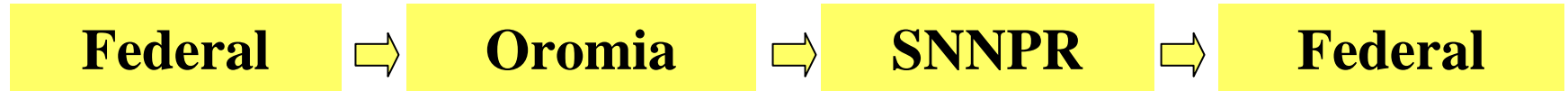
- Existing CTC guidelines – too complex
- Staff exhausted & over-advised / under-advised!
- District - supervising but limited experience in hygiene & isolation

Unicef attempt to overcome challenges

- Simplified, colour coded IEC
- Basic training (later integrated)+ care + models
- Multi-disciplinary team to implement/supervise

Example 3

Multi-disciplinary team for CTC hygiene & sanitation training



MSF-CH trained
UNICEF trainer

UNICEF trainer
trained a team

The MD team
trained Govt staff

ACF supported
IRC & OXFAM

IRC & Oxfam
trained Govt staff

AWD Protocols

Example 3

of MD team: Setting Model CTC



- Footbath
- Hand-washing /showers
- Safe drinking water

Example 3

Role of MD team: Training



Courtesy of MSF



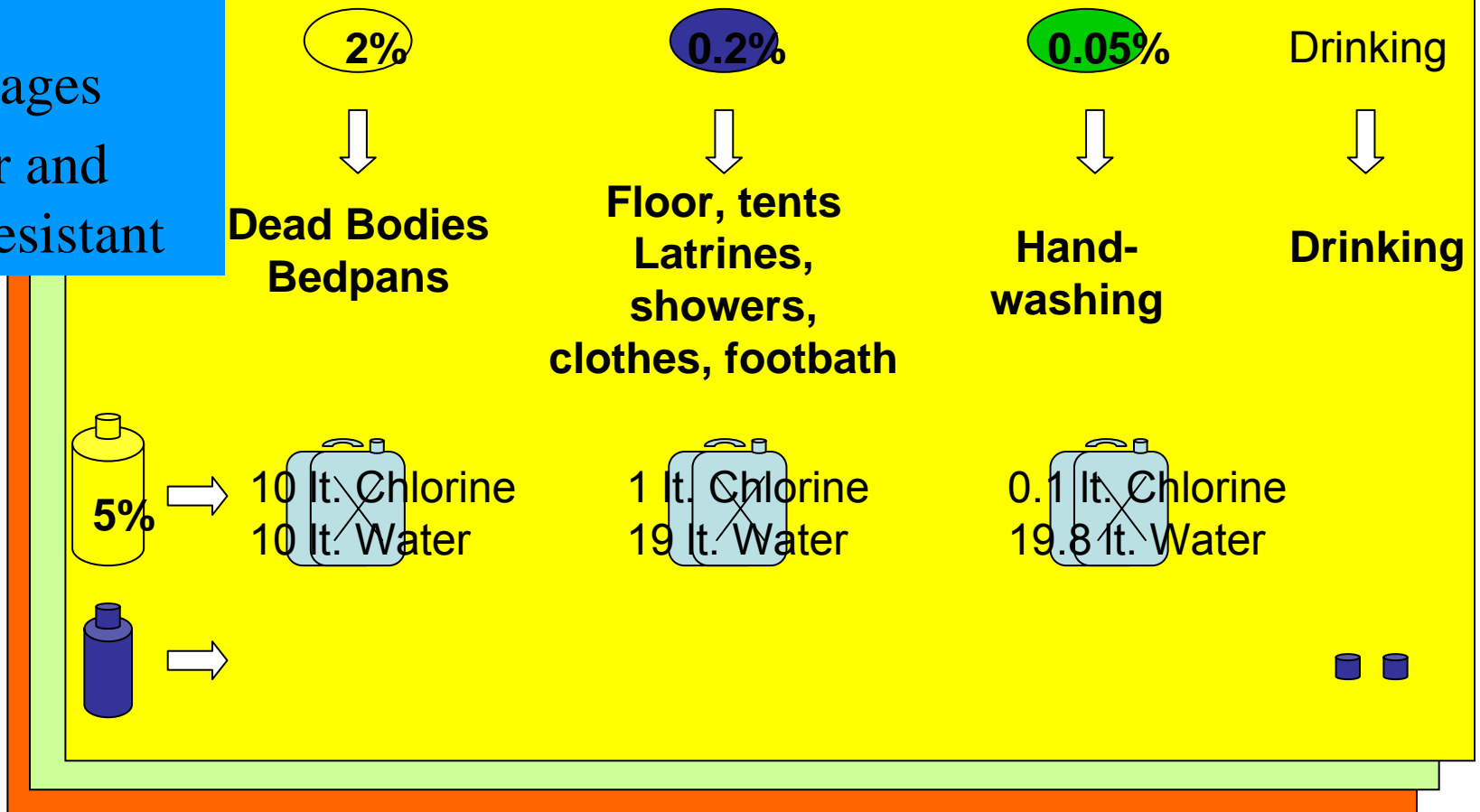
- Nurses
- Cleaners/ guards
- Local gov't

Example 3

Role of MD team: IEC

- Simple
- Translated in local languages
- Wear and tear resistant

DISINFECTING SOLUTIONS



Overall lessons learnt on decentralized model

1. Supplies depleting

- Need for readily accessible funds /better supplies planning/ focus on advocacy

2. Motivated but limited experience of local government

- Need to support supervision/ strengthen logistics

3. Over stressed medical staff:

- Fear/ need for 'care' not to be underestimated

4. Supervision on the ground essential

- Partners involvement necessary

5. AWD not being declared _ many impacts

A decentralized model ...



Requires to '*pull*'
to '*pool*' more resources together!