



Stories from the Field

January 2022

Chaliliche Kebele Leader: A Role Model in Community Mobilization for Integrated Health Services

With the health post in Chaliliche, Ethiopia, lacking medical resources and the skill set for treating severe illnesses, people need to travel for as far as 20 kilometres to get to the nearest health center. Motorbikes are the only means of transport running between these places and according to Dida, “one has to pay Birr 600 [\$12.5] for a return trip to Melbana Health Center and imagine a sick person taking a bike ride on a rough road for hours.” Even this trip is not affordable for many, and people may resort to staying home ill for lack of means.

Dida Arero Begeja, chairman of Chaliliche Kebele in Miyo Woreda views the One Health support for the remote village he leads as “a rescue mission to lessen the sufferings of my community.” Working with the One Health Unit set up by VSF-Suisse’s HEAL project, he busies himself mobilizing his community for the outreach health services ahead of schedule. “I don’t want any villager to miss this opportunity for them to gain access to treatment and vaccination services for themselves and their cattle. I make sure even villagers in the remotest bushes know when these services take place,” Dida explains.

Dida reiterates, “the veterinary clinic in the Kebele often ran short of medical supplies,” and pastoralists used to get little help for the sick animals they took there. He, therefore, finds it particularly important that the mobile health services integrate veterinary and human health so that “people can buy veterinary medicines for a fair price while receiving treatment and care for themselves.” He is also witnessing increased community interest in attending the health education sessions provided in each outreach event with participants raising issues around their livestock and own health as well as their environment and actively discussing them with health workers and development agents.



Dida sensitizing his community at an OH outreach site in Chaliliche Health Post

VSF-Suisse’s HEAL project provides its one health support through strengthened stakeholder participation of government sectors integrating their human and animal health as well as natural resource management endeavors. Now that the outreach services are there to ensure that pastoralists in target woredas have access to animal and human health services, Dida said, “I’m so happy that my community do not have to suffer anymore from traveling long distances to obtain basic healthcare services for their families and livestock.”

The project reaches out to communities in two kebeles of Moyale and Miyo Woredas in Borena zone of the Oromia region by providing logistic such as transportation, medical supplies and technical supervisions and trainings to ensure the integrated outreach services are regularly provided for pastoralists in these areas. Dida, on his part, pledges that he will keep mobilizing his community and raise awareness on the critical importance of receiving animal and human health services through these outreach services so that they and their livestock stay healthy and “people can also reduce cost and save time and lives.”

Mobile OH Service Bringing Multiple Benefits to Pastoralists

Adi Bokore Halake, 60 and a mother of 11 in Chaliliche Kebele, a rural village in Miyo Woreda of Oromia region, Ethiopia, complains about her high blood pressure which she said “gets my head spinning and my body weakening every time it kicks in.” When she could, she paid Birr 600 for a return motor bike ride on a rough country road to get to Melbana Health Center, some 20 kilo meters far from where she lives, to receive treatment and refill her medicine. Sometimes, she had to stay in Melbana for days just to finish daily injections prescribed to her. As a woman with seven of her children living with her, she said “I kept worrying about them and my livestock while away.”



Adi hopes her long travel to remote health facilities will be a thing of the past now that she is able to receive regular OH services in her village.

Recently, she received information that the health workers she sees in Melbana Health Center were actually coming to the health post in her village to provide health services to the pastoralist community there. “This was very good news,” Adi said, and it was good timing for her because she was about to make an expensive and uncomfortable trip to the farther health center as she was used to.

On December 13, 2021, Adi happily received care and treatment at the health post in her village, a facility she previously found less helpful because the treatment and prescribed medicine for her hypertensive condition was unavailable. “Getting the services here in our village means a lot particularly for us, the women. Not only do we save money which we otherwise would have spent for transportation, but also time for us to do the household chores and look after our children.” Adi kept on explaining that the nearby access to health care means that when children feel sick, “they can receive treatment and get back to school without skipping many classes as they did when we had to take them all the way to Melbana Health Center.”

Adi highly hopes that the hustle of traveling long distances to obtain basic health services will soon be a thing of the past because she is informed that the outreach services provided to the community in her village through VSF’s HEAL project “happen regularly” making it easy for her to obtain treatment and care to tend to her chronic health condition.

Through its One Health for Humans, Environment, Animals and Livelihoods project, VSF-Suisse provides support in the form of training for health, veterinary and agriculture experts in Moyale and Miyo Woredas, medical supplies and logistics to provide integrated outreach health services through mobile health teams treating and vaccinating rural pastoralists and their livestock.

Hydroponic Fodder: Beyond Saving Livestock for Pastoral Women

Everything looked perfect until sometime in August 2021 when Darmi’s village and the whole of Borena in Ethiopia started to experience severe drought, shifting her focus from fodder for surplus milk production to saving the lives of her animals. Since the cattle could not get any pasture to live on, their bodily conditions started to degenerate so fast and “they became too weak even to stand from where they lied down.” Animal feed transported from central parts of Ethiopia takes too long to be distributed to rural pastoralists like Darmi, who do not have the financial resources to buy some of the feed that made it to their village.

Darmi Wako Kiyo, 30, is a pastoral woman in Mermera Kebele of Moyale Woreda, Oromia region, Ethiopia. A mother of two small children, she is struggling to make ends meet in the drought affected village with her cattle finding little pasture.

Some eight months ago, Darmi received training from VHF-Suisse on growing hydroponic fodder which could help her cows give better milk yield to use for her children and sell the surplus to improve her household income. “I was one of the 60 community members trained on hydroponic production. After the training, we formed a group of five villagers and immediately started producing the feed in a shade. I never knew before we could produce fodder without soil. I learned and practically witnessed that a kilogram of seed could grow into 10 kilograms of fodder which is enough to feed two heads of cattle for more than four days.”

Following hydroponic fodder consumption, Darmi was “amazed to see” her cows giving more milk than they used to, and her group members started to make common savings from the surplus they sold in the local market. Darmi says, “We had plans to improve our household income even further by engaging in off-farm activities like petty trade.”



Darmi got more time to look after her kids while growing hydroponic fodder close to her house

Darmi considers herself lucky to engage in the hydroponic production supported by VHF-Suisse’s Viable Innovation, Resilience and Livelihood (VIRL) project. “The grass we produce is more effective than the one we buy in uplifting our weak cattle,” she said. As a woman, “I could have wondered the rangeland in search of any pasture and my children could have suffered while I was away. Now, the fodder we produce in the shade near my house helped me to feed my cattle, while I am able to attend my children at the same time. This is a great opportunity amid the worsening drought and a future which may be unbearable,” Darmi added.

Through its rangeland rehabilitation, hydroponic fodder production and market system development interventions, VSF-Suisse’s VIRAL project covers six kebeles in Moyale and Miyo Woredas of Oromia’s Borena zone. The project trained 250 households so far, enabling them to function as small cooperatives working towards improved milk yield and save their drought hit livestock as well as linking some of them to micro-finance institutions to access loans and engage in income generating activities.

MSIPs: A Leveraging Point for a Successful Implementation of OH Service

Sora Bora Gedo, a respected wise man in Bokolo, a small village in Moyale Woreda of Oromia region, Ethiopia, has been serving his community as a rangeland counsellor. As a member of the local Multi-Stakeholder Innovative Platform (MSIP) set up and strengthened by VSF-Suisse, he provides updates and scenarios of the drought situation in the area. “I also raise issues around health and environmental hazards to the group so it can report it to the local government and others for timely support,” Sora said. He believes, the MSIP discussions and reporting “contributed to government response to the drought providing us with animal feed, though not enough.”

Sora appreciates VSF-Suisse for not just setting up MSIP in his Kebele but also for extending support to address problems raised to it through this platform. He noted, “VSF helps us in bringing solutions to our multiple challenges. As we face drought, it has shown us a new way of growing fodder in a shade without soil and also hands out animal feed by purchasing and transporting it a long way here. Sora also mentions VSF-Suisse’s endeavors to link community members to small loans “for them to start milk processing and selling businesses” until the drought has come to compromise these activities.

The wise man pledges, “I will keep on sharing my lived experience and what life has taught me about weather, community and livestock health issues and use my influence to help my community stay strong and resilient in the face of growing challenges.”



Sora as active as ever on MSIP meeting in his village

Complementing Sora’s idea, Jarso Ebisa, Coordinator of VSF-Suisse’s Moyale Field Office in Oromia, says “The MSIPs in target kebeles are key leverage points for the implementation of our projects. We use them for identification of community problems and proposing community-based solutions. We promote every vital information and innovation through these platforms which are well integrated with our One Health Units at kebele level.”



MSIP meeting underway in Bokolo

MSIPs are also recognized as an important source of information and learning for the Woreda Taskforces set up at local government level composed of OH 4 HEAL signatory sectors working towards finding the right solution for community problems. The Woreda Taskforce is a decision-making body, which engages in the planning and provision of direction to government experts in order for them to collaborate with implementing partners such as VSF-Suisse to address issues brought forth through various platforms including the MSIPs.

One Health Service Rescuing Camels: The Great Asset of Pastoralists

For Ibrahim Malim Edin, 44 and a pastoralist in Arda Ola Kebele of Moyale Woreda, Somali region, Ethiopia, this last year was “a year of temptation.” Drought severely affecting his village and beyond, he could not see a way out from a critical illness that got all his 30 camels sick and extremely weak. He says “Though I reported the situation to the Kebele administration, there was apparently nothing they could do immediately to help me save my assets.” The situation was to get worse and even compounded as the disease seemed to be transmitted to the camels of the nearby household.

The issue was then brought to VSF Suisse’s attention through the Kebele leadership. Ibrahim says, “The HEAL outreach team then came to my village and treated all of the affected camels and they have now fully recovered.” Perhaps because of the drought, animal diseases continue to affect livestock widely and Ibrahim has been reached again by the one health unit team to treat his 15 camels for another ailment.

Previously, Ibrahim had to travel all the way to Moyale town to seek health assistance both for his family and livestock. As a result, “I sometimes prefer to wait and see if our sick animals could recover without treatment because the long travel and the expense it incurs was always discouraging,” he said.

The periodic outreach services provided by VSF-Suisse’s One Health Unit is, therefore, making a big difference in supporting pastoralists to have access to basic human and animal health services. According to Ibrahim, his camels might not have survived the 20 kilometers walk to Moyale “even if I decided to take them there because they were too weak to stand straight” let alone taking a stride.



Continuous animal health support by HEAL project saved Ibrahim's camels

Mohammed Hadji, VSF-Suisse’s Field Office Coordinator in Somali’s Moyale Woreda, shares a similar episode of a rescue mission by animal health workers integrated in the project’s One Health Unit. In the Woreda’s Baede Kebele, VSF-Suisse received report that around 180 camels were severely ill with no hope of survival unless treated in no time. The Mobile One Health team then traveled to the Kebele and provided treatment. While 50 of the camels died before the team made it there, “the rest 130 were saved. We were happy to be there before things got any worse for pastoralists whose most important assets are their livestock,” Mohamed explained.

"You can't carry your sick camel on a motor bike": Adoy's Story



Adoy receiving treatment at an outreach site in Arda Ola, her village and one of the seven kebeles in Moyale Woreda, Somali region, where VHF-Suisse provides integrated One Health services.

Adoy receiving treatment at an outreach site in Arda Ola, her village and one of the seven kebeles in Moyale Woreda (Somali region, Ethiopia) where VHF-Suisse provides integrated One Health services. Adoy Sheik Oumer, 42 and a mother of eight, came to One Health outreach service site in Arda Ola, a village 20 kilometers away from Moyale town in Ethiopia's Somali region. She says, "I am having a nagging back pain that could stay for days. I would not afford to pay Birr 200 for a motor bike trip to Moyale to get treatment for

this. Whenever I or any family member got sick, we keep worrying about the long trip we have to take to Moyale which even worsens our condition on the way. For our sick animals, we even don't take them. If we could, we travel to Moyale and consult animal health workers, who will then listen and sell us medicine without examining the animals."

"So, I would have just stayed at home with the pain and see what happens," continues Ado, "if it was not for the One Health service that came all the way home. Thank God." Adoy came to the One Health Unit outreach services for the first time having heard about the previous four rounds of support. She is particularly happy to see animals being treated alongside pastoralists because "you can't carry sick camels on a motor bike and take them to a long walk to access healthcare service, which had been a long standing and very serious problem." She says."

Thanks to the outreach team that came to her village, Adoy now received treatment and the prescribed medicine with no need to travel a long distance. Besides the medicine, the nurse advised her to do some physical exercises to relieve her pain. Adoy also brought her sick goat and cow to the One Health outreach team and received medicine from the animal health worker on the site. Adoy says, "I have never heard and seen such a team treating us and our animals at the same time and place. It is wonderful."

VSF-Suisse has been implementing One Health service targeting 6,000 households in seven kebeles of Moyale Woreda, Somali region, employing mobile outreach approach. Mosisa, One Health Officer at Moyale Field Office, says "the outreach teams of VHF-Suisse's One Health Unit provided health services to 2,000 community members and 3,000 heads of livestock in the last eight months."

Multi-Stakeholder Innovation Platform Beyond Participation: Leading and Owning Hygiene and Sanitation Initiatives

Osobay, is a small kebele (village) in Filtu Woreda (Somali region, Ethiopia) inhabited by around 5,500 households. One of the kebeles in the woreda often affected by recurrent drought, Osobey has only a small pond as a source of water for its dominantly pastoral community depending on livestock assets.

Apparently, the community in Osobay practiced poor hygiene and sanitation with rampant open defecation polluting the environment. The pond which is the sole source of drinking water was also poorly handled for generations. The village experiences zoonotic animal and human diseases and the community often fell ill, and some died due to consumption of zoonosis affected animals' meat.

Over the past year, CCM has been implementing its HEAL project in four kebeles of Filtu Woreda including Osobay by setting up MSIPs as a leveraging point at community level with women, elders, community leaders, local service providers and kebele leaders constituting the group. In Osobay, the MSIP has been active in mobilizing the community to engage in improved hygiene and sanitation practices and adopt better health seeking behavior to utilize the support now provided by HEAL's One Health Unit through mobile outreach and static health services.

Abdurrahman Mealim Hussen, the MSIP leader in Osobay, confidently says "the community in our village have significantly improved their hygiene and sanitation practices because of our MSIP's mobilization efforts. They have embraced our initiative to keep our environment clean, including the pond which is the source of water for both the villagers and our livestock." Abdurrahman attributes the success of mobilization by the MSIP members to



MSIP member taking the initiative to keep their environment safe and tidy

the One Health training they received through CCM's HEAL project. "We were trained on optimal hygiene and sanitation practices, collaborating with One Health Units and sensitizing our community on the critical importance of animal and human health services provided by HEAL." Improving their awareness through the One Health initiative, "the community have now avoided the practice of eating the meat of animals affected by zoonotic disease; they properly use the One Health services to get their children as well as their animals vaccinated and access all other health services. Our community's waste disposal and hygienic practices have also improved significantly due to the awareness raising efforts by HEAL. Some households even built their own toilet. The community mobilization activities by the MSIP have been vital in all this."

CCM is implementing its HEAL project in four Kebeles of Filtu Woreda aiming to ensure that its integrated services help improve human, environmental and animal health for pastoralists to eventually improve their livelihoods.

Habiba, a Mother of Eight, Received Her First Ever Maternal Care Services

Habiba Jemal, 40, lives in Osobay Kebele of Filtu Woreda, Somali region, Ethiopia. She has made it into being a mother of eight children with her four-month newborn arriving safe. Habiba gave birth to five of her children at home often assisted by a traditional birth attendant because she did not have a close access to a health facility. “I live in a remote village, and I never entertained the idea of traveling a long distance to give birth in a health facility,” says Habiba despite the pain and bleeding she experienced while delivering at home.



Because of OH services, Habiba enjoyed the first ever antenatal and postnatal core services and delivery at a health facility

Habiba’s latest birth experience, however, was different because of the One Health intervention in her village implemented by the HEAL project in collaboration with the health, women and youth affairs, agriculture and natural resource management sectors in the local government.

“About a year ago,” continues Habiba, “I heard from Fiaan Hassan, a local traditional birth attendant” and member of the Multi Stakeholder Innovative Platform (MSIP) in her Kebele about “a team coming to our village to provide health services for us and our livestock. I was pregnant with my youngest child then and went to the outreach service site where I met the health workers. I told them I was pregnant and that I always gave birth at home which was normal in my village.”

The Health Extension Worker (HEW) and MSIP members “told me about the new One Health initiative through which I can obtain health services not only for me and my family, but also for our livestock. I was so happy. There, I received counseling on varying my diet during pregnancy, keeping personal hygiene, consuming iron [IFA] tablets regularly and so on. Because of their counseling, I was able to care for myself and the offspring like never before to finally have the safest delivery with a trained midwife assisting me for the first time.” After birth, Habiba continued to receive postnatal care during scheduled visits of the One Health Unit in her village and, “thank God, my four-month-old baby is growing healthy and strong.” With her increased awareness about human, animal and environmental health issues, Habiba says, “I made sure my child gets vaccinated in time, keep our family’s hygiene better and dispose waste properly. We also take our sick animals to the outreach service site when the team come to our village to provide combined services for us and our animals. As to my little baby, I know I have to give her only breast milk until she turns six months and start complementary feeding after that while continuing breastfeeding at least until she is 2 years old.”

Now a changed woman raising her children with better care and seeking health services for her family and livestock whenever there is the need, Habiba says “I am grateful to HEAL project and the service team for providing health services for us and our animals.”

Hydroponic Fodder: Game Changer in Saving Core Breeds

Pastoralism is a predominant means of livelihood in the Borana zone, Ethiopia. Like any other place, Livestock production and productivity in the Borana area depend mainly on fodder and water availability. Rangeland degradation and recurring drought are chronic challenges for livestock production, impeding natural pasture availability. Like all, Borana pastoralists in Bokola kebele of Moyale district are well known to suffer from feed shortages during drought season. Pastoralists in this Kebele had neither the required skills nor access to complementary feed. Commercial feeds are not available in the nearby town, Moyale, except the wheat bran, locally known as “furushka”, which is expensive and transported from the central Ethiopia markets like Bishoftu and Modjo. As a coping strategy, pastoralists travel long distances with their livestock searching for pasture when drought season sets on. During scarcity or absolute depletion of range in the neighbouring pastoral community, the livestock always dies in mass, exposing pastoralists to food shortage and impoverishment.

Vétérinaires Sans Frontières (VSF)-Suisse, through the Viable Innovation for Resilience and Livelihoods (VIRL) project, has introduced an innovative feed solution called Hydroponic Fodder Production, also known as Green Cake. It organized a Hydroponic fodder producers’ group with 60 members in Bokola kebele, with seven of them selected for experimental research and managing a hydroponic fodder production and demonstration site. Producers’ groups were provided with Hydroponic fodder production training and inputs (such as seeds, trays, buckets, detergents, Etc.). The Hydroponic fodder production facility is also used as a demonstration site for practical training sessions. The selected fodder producers, also mandated to manage the site are supported to feed one of their milking cows with Hydroponic fodder to track improvements in milk yield.



Borena Cattle Feeding Hydroponic Fodder

In a focus group discussion, four fodder producers, Guyo Saqalo, Dimtu Jaldessa, Bila Dida and Shura Golicha, state, “Hydroponic fodder has saved our cattle, the most valuable asset, from death in the advent of current drought crisis”. They say, “Initially, when we heard about hydroponic fodder during the training, we had many doubts, including how the crop seed could be a fodder and how the seed can grow/germinate without soil?” They shared their view that even when they see pictures/videos during the training, they couldn’t believe that it is possible in the Borana context. When they were taken to the hydroponic demonstration site and saw practically hydroponic production on the ground, they were amazed and said, “we are happy to see this happening in Bokola kebele.”



Discussion with Hydroponic Fodder Producers

Focus group discussants say, "Hydroponic fodder production for which we are selected is meant to revive the milk yield which drastically declined due to drought. Milk yield exists when the cow exists. This hydroponic fodder has significantly helped us save core breeds that give us milk". They feel so happy that their cattle, which could have died due to the current drought, survived with hydroponic fodder, and say, "initially our cows were giving us reasonably good milk yield. However, milk production started declining following the onset of the drought. As a result, our focus shifted from getting milk to saving the cow itself, our means of livelihood. We, the Borana pastoralists, do not have the practice of milking drought-hit weak cows."

From the focus group discussion, what came out bold was the perception that hydroponic fodder is the most nutritious fodder, which helped emaciated cattle recover within a week. Taking the lesson from the hydroponic fodder demonstration site and the training, these group members have started taking the initiative to produce hydroponic fodder at their home, too, and other community members are replicating the technology and the practice.

Hydroponic fodder training is now no new technology in Borana due to the extensive training and awareness creation works and field visits conducted. Viable Innovations for Resilience and Livelihood is an innovative project, implemented by HEKS/EPER in partnership with VSF-Suisse and Dorcas Aid Ethiopia (DAE), funded by EU under RESET Plus Innovation Fund managed by ICCO. The project aims to build vulnerable communities' resilience and livelihood security by engaging 350 households in innovative animal feed production techniques highly applicable in drought-prone areas of Borana Zone, Oromia Regional State. So far, VSF-Suisse has trained 250 households and supported the establishment and full functionality of four hydroponic fodder production sites, and pastoral households are adopting the technology.

One Health Unit Deliver Integrated Services to Pastoral Communities in North Horr, Kenya

Health care for the pastoralist people has serious shortcomings; often, the most basic requirements cannot be met, due to the limited accessibility to health care facilities and providers. Herders' major concern is the survival of their animals, as 81% of Marsabit County's population relies on livestock as their main source of livelihood. The health and well-being of the camels, goats and sheep is key for the survival of the whole community but is very sensitive to climate and environmental conditions. Preventive vaccination is among the main measures for livestock to be healthy and not incur in vector-borne diseases.

The One Health Unit is one of the main strategies developed by the HEAL project to help the community members to improve their health and the health of their animals, especially those from hard-to-reach areas. The One Health Units in North Horr sub-county provides mobile outreach services to both humans and animals. When herders are healthy, animals are also healthy and the production of milk and meat increases, improving the condition of health in the whole community.

“Community outreach is very helpful to the community and it has improved health seeking behaviors, reduced malnutrition cases and increased the number of ante-natal care services at large. More importantly, integration of animal services during the outreach has increased the number of men attending the program and the demand for health care and veterinary services in very remote areas where even the HEAL car can barely reach.” tells a Nurse in Balesa. “Other organizations usually provide only human health services but HEAL is unique. Apart from the normal health education we also give more information about animal's drugs and how to control diseases. Mortality rate of animals has decreased a lot. Now sick animals are treated on time as compared to before when we had to wait for a response for long from the respective departments, and some animals died before even receiving care” tells a Vet. Officer involved in the OHU.

During the course of HEAL project, 144 mobile clinic services were conducted in North Horr Sub County, easing the community access to preventive and curative health and veterinary services and improving disease surveillance, prevention and treatment in livestock.



Vaccination service to a new born baby



Vaccination service to animals

Over 2,000 children under 5 years of age (56% girls) benefited from the provision of curative services, while 324 children under 1 year were fully vaccinated; over 2,000 clients (68% women) were reached by curative services and 650 mothers benefited ante-natal care services. The One Health Unit organized several health education sessions, raising the awareness of over 5,100 people (25% women) about topics related to the prevention of zoonotic diseases in humans and animals, water treatment, environmental health and basic health and hygiene practices. 4,157 animals benefited from the provision of both preventive and curative services by veterinary professionals completely free of charge. As a result, the local pastoralist communities are healthier and there is an increased demand of health services both for human and animals: men and women coming from unserved areas walk hours to reach the health facilities of North Horr sub county and request the nurses for the One Health Units service provision in their villages

One Health Community-Based Approach in Pastoral Communities of Kenya

Deeply affected by climate change, arid lands of Northern Kenya are facing a profound change in climate patterns that affect the availability of resources for animals and human beings. The spread of new diseases due to ecosystem imbalances is rampant in a set up where pastoral nomads depend on domesticated livestock, and live in interdependence with them and the surrounding environment. The area has been historically neglected by public institutions and the whole region lacks adequate human and animal health services and proper environmental control systems.

Operationalizing the concept of One Health in pastoralists communities appears to be key to building synergies in surveillance and response to the threat of zoonosis and environmental health issues in order to better cope with the ordinary challenges and extraordinary crisis of a sceptic ecological and social environment.

In the pastoralist area of North Horr Sub County, the larger constituency in Kenya with 38,953 m², the operationalization of One Health concept was necessarily structured with the aim of reaching the most remote areas where mobile pastoralists are virtually excluded from health services because the provision of social services adapted to their way of life is challenging.

As a result, the approach of community-based providers was developed to respond both to human and animal health needs through the involvement of Community Health Volunteers (CHVs) and Community Disease Reporters (CDRs). Before the One Health Project, the community actors were not working together. They separately supported human health and veterinary activities within the same community reporting respectively to the County Departments of Health and Livestock. In the framework of the project, 77 community actors actively participated in a joint training on One Health and zoonotic diseases prevention and surveillance.



CHVs, CDRs and HAAs technical supervision in Gas village

The training built their team and work spirit improving disease surveillance and prevention in the Sub County, and promoting collaborative actions in the community. By October 2021, over 800 people were referred by CHVs to the nearest health facility for the diagnosis and treatment of common diseases and over 500 for a suspected zoonosis; CDRs were able to refer to the ward veterinary officers almost 250 heads of livestock for diseases, including 200 for suspected zoonotic diseases. The creation and training of Household Health Agents (HHAs) is one of the efforts brought through the HEAL Project to support CHVs and CDRs in community sensitization. Identified in each of the 40-project outposts, an overall number of 252 duly trained HHAs contributed to the sensitization and awareness of over 13,000 people and 2,600 households.

"After the training I got during the rabies sensitization campaign in Malabot, I was confident enough to convince my village members to take a little boy from my neighbor to hospital after he was bitten by suspected rabid dog. This came out more importantly despite strong cultural belief for visiting the traditional healers. The boy was later healed within short period and my stand and decision was really appreciated", remembers Ukuro, a HHA from Qancharo.

The HHAs are really motivated with the training they got and supported community members on a number of needs, including: proper waste management at village level, construction of pit latrine to avoid open defecation. Additionally, some HHAs from the village of Konon Gos, went further to mobilize community members to dig about 7 mini-pans in their village to overcome chronic water shortage in their area. This helps them to harvest rain water by diverting the path-ways to pans.

"After we received the training through the HEAL Project, we managed to share the same information with our community. Unfortunately, we don't have water to wash our hands as rains are scarce. We totally depend on water bowsers during the dry season and they are expensive. This made us mobilize community members and discuss further on actions to be taken. One is understanding the possibility of each village/manyatta having a water pan to harvest rainwater. We later delegated all young people to do collective effort during evening hours when most members are at home and so far we were able to dig 7 water pans." tells Mr. Elema Roba, a HHA from Konon Gos.



Garbage collection activity conducted in Kalacha village, North Horr Sub County



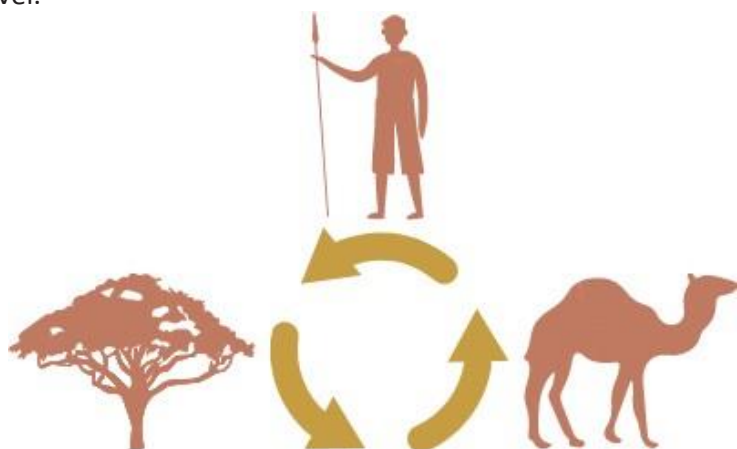
Process of digging pans for water storage



Rain water collection through the pans

One Health Unit: Responding to Rift Valley Fever Outbreak in Isiolo, Kenya

Pastoralists and agro-pastoralists form the majority of Isiolo County inhabitants. Over the past decades, their livelihoods have been impacted by drought and unpredictable rainfall, leading to reduced crop yields, low livestock productivity, high livestock mortality, low income and food and nutrition insecurity. Building the drought resilience of these communities, Amref-CCM addresses this vulnerability through a multi-sector One Health approach which encompasses human health, animal health and environmental interventions, together with the creation/facilitation of a common platform for coordination and sharing of good practice at institutional level.



The concept is grounded on the awareness of the major opportunities that exist to protect public health through policies and practices aimed at preventing and controlling pathogens at the level of animal populations and at the interface between humans, animals and the environment.

Studies confirm that integrated human and animal health services are the most efficient way to address the health of pastoralist communities, supporting the identification, management and response to zoonotic diseases. In 2011, the Kenya Government created the Zoonotic Diseases Unit (ZDU), a One Health department aimed at promoting the collaboration between animal, human and environmental health in zoonosis prevention and control. Through Amref-CCM, the HEAL project has initiated the County One Health Unit (COHU) in Isiolo County to cascade national policies at County level. Amref-CCM approached the Isiolo County Ministry of Health to find out about the collaboration with other stakeholders on One Health.



Introducing OH concept to the County Technical Working Group in October 2020

The county Medical Officer Dr. Abubakar, epidemiologist, confirmed disconnection with the Veterinary services department. He was delighted to know the project objective of creating a County One Health Unit. “This is good news. I have been thinking how we can collaborate with the Department of veterinary services but how to go about it has been the challenge”.

In collaboration with the national ZDU and support from the Colorado State University and VSF-Suisse, 25 participants from different departments - Livestock, Agriculture and Veterinary Services, Health Services, Environmental Department, National Drought Management Authority, Ministry of Wildlife and Conservancies - participated in a 5-day training on zoonosis in November 2020. The National ZDU team from Nairobi facilitated the training. A new unit was created in Isiolo County under the name of County Health Unit and a County technical working group was identified with the aim of coordinating, supporting and monitoring the One Health activities at County level in collaboration with the National One Health working group, strengthening prevention, surveillance, response and control of priority zoonotic diseases.

The following month, December 2020, the newly created One Health County Unit was immediately involved in the outbreak of Rift Valley Fever (RVF) in Isiolo County. RVF is endemic in Africa, naturally occurring in livestock but occasionally affecting humans. Animals are infected with the RVF virus by the Aedes mosquito. The disease, characterized by bleeding from all orifices, is spread to humans from infected mosquitoes, through contact with blood or other body fluids, or from the organs of infected animals. Currently, there is no vaccine available for the prevention of the viral disease in humans, although one is available for animals.

Samples collected from 6 individuals lamenting general body malaise and various symptoms were tested for RVF, resulting positive. In collaboration with the departments of Veterinary and Health services, Amref-CCM and VSF-Suisse held an emergency meeting to deliberate on mitigation measures of the RVF outbreak. As a result of some stakeholder meetings, the team proceeded to the field to sensitize and create awareness among the affected community and community actors, while long term interventions were discussed and designed to share with other stakeholders for financial support. As a result, the County Government and the One Health Task Force got some support from the partners and the National ZDU, to dispatch the personnel from the Kenya Medical Research Institute (KEMRI) for a 4-day

investigation exercise in the field. 14 RVF human cases were identified, of which 11 were suspected, one probable and two confirmed through KEMRI Kisumu laboratory.

“The County One Health Unit has managed to bring the stakeholders together to address zoonotic diseases outbreak such as the RVF outbreak. Community-actors have been empowered to report health issues, like the CDRs and the CHVs. This has led to real time reporting and improvement on response turnaround time to disease outbreaks from the departments” reports the Ministry of Livestock, Dr. Lawrence Mwangela.



Distribution of RVF IEC materials

As a response, a vaccination campaign was conducted benefiting 109,444 animals (42% sheep, 49% goats, 9% cattle and 0,3% camels) while sensitization activities were implemented by CHVs and CDRs. Possible RVF risk factors identified in the target area, and discussed with the local communities, include the flooding from Ewaso Nyiro River and increased mosquito population, as RVF mainly occurs following periods of heavy rainfall and most of residents do not sleep under mosquito nets; the consumption of raw milk - a common cultural practice - and failure to use PPE in assisting birthing or aborting animals. Continued active surveillance will be enhanced by community-based actors to quantify the disease burden and continuous public health education and sensitization on the RVF will be done using a One Health approach.

HEAL Supporting Mother-to-Mother Groups on Agri-Nutrition

The burden of malnutrition is more devastating in the pastoral and agro-pastoral communities because of many challenges, including climate variability and change. Pastoralists' primary livelihood activity is livestock production and sales; these communities are facing substantial challenges: poverty rates are high throughout the region, and food security is poor. "Due to Covid 19 pandemic the situation got even worst-explains the Medical Officer for Health of Isiolo- "markets are not vibrant as before and Government limitations decreased the purchasing power in the households".

Although nutritional problems are among Isiolo County Government's priorities, the progress of nutritional indicators in the pastoral communities is below the national average. This could be because of poor food availability but also poor food and nutrition security awareness. According to the last Isiolo County SMART Survey (February 2020), the nutrition status of children in the County is critical. The survey unveiled a Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 16.7 % and 1.5 % respectively, with a significant deterioration from January 2019 which recorded a GAM and SAM prevalence of 9.2% and 0.7 % respectively. This was attributed to increased morbidity among under-fives, poor household dietary diversity and food consumption.

The diet diversity of women in reproductive age (IDD-WRA) showed a notable decrease from 34.5% in 2019 to 23.6%. On the other hand, household dietary diversity indicated that only 39.2% of households consume food from five food groups with 39.9% and 20.9% reporting to be consuming food from 3-5 and less than 3 food groups respectively. This means that 60.8% of households in Isiolo are either moderately or severely food insecure. The HEAL partners led by Amref-CCM and VSF-Suisse involved 20 Mother-to-mother support groups (MtMSG) of 15-20 women from the villages of Oldonyiro, Leparua, Kipsing, Kinna, Daaba and Bulesa in a 3-day training to create awareness on food and nutrition security.



Food types introduced and explained to participants during the training

The training focused on the health risks related to food storage and preparation, the value of kitchen gardening and the importance of nutritious food preparation. MtMSG are groups of women, of any age (pregnant and lactating), who come together to learn about and discuss issues of infant and young child nutrition (IYCN). These women also support each other as they take care of their pregnancy through childbirth, and for children aged 0–5 years.



Women attending the 3-day training to improve their health & health of children

Good nutrition is important for you and your family's health is the key message of the training. Group members actively participated in the training sharing their experiences. Some of them shared that the food they eat is mostly easy and quick to cook to save time regardless of the nutrition values, for example, rice and potatoes, some cook rice and beans/mixed maize and beans with or without cooking oils. Porridge preparation is not common, but tea and purchased mandazi or pancakes with or without eggs is easy to prepare. Majority of the community cook ugali and vegetables in the evening, with or without milk depending on availability. The eggs are a taboo to pregnant women in the community, as they believe the babies become big making delivery difficult.

Women were explained that nutritious meals should have various types of foods from several food groups, in the right amount. Nutrition for children and pregnant and lactating women and good practices in food preparation and handling were also discussed. A module on food production and access was presented to increase the knowledge on food production practices that enhance good nutrition. "The training helped to improve my experience on good nutrition to prevent anemia, especially the use of food rich in iron, like green leafy vegetables. – Says Carol, six-month pregnant- "I was referred to Isiolo hospital for blood transfusion but I was not ready, and decided to start little feeding, which boosted my blood levels."

The challenges faced in Arid and Semi-arid areas due to the shortage of water, together with some possible solutions were discussed, such as adapting to growing available sustainable food crops and livestock, both cash and commercial, source for quality seedling varieties adapted in the local environment, off-season food production through irrigation, synchronized calving and pasture conservation for milking herd, and kitchen gardening.

The women groups were taken to the garden in the facility to prepare the seedling beds, and planting demonstrations. The women involved in the training actively participated with the objective of replicating some kitchen-gardening practices once at home. They were provided with a kit of seeds and tools comprising panga and watering can and regular technical supervision from the project team.



Women preparing seedbed during the practical session

In few months, by the end of the first project year, some seed beds were prepared and seedlings transplanted. "Now in our gardens we have different kind of vegetables, like spinach, kunde and maaragwe", explains Janet, one of the MTMSG members in Kinna "One day I wasn't feeling well and I didn't have any drug. I thought I was going to die. I decided to cook some vegetables the way I learnt during the training and ate them. I slept like a baby at night and I woke up strong and healthy".



Kitchen gardening in Oldonjiro village, Isiolo County



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