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CGIAR

HEAL Consortium Inception Phase final report

Consortium Partners:	• **Vétérinaires Sans Frontières Suisse (VSF-Suisse) - Lead** • **Comitato Collaborazione Medica (CCM)** • **International Livestock Research Institute (ILRI)**
Countries of Implementation:	**Ethiopia, Kenya, and Somalia**
Project Duration:	**March 2019 to October 2020**
Reporting Period:	**March 2019-October 2020**
Total Project Budget:	**1,280,088 CHF**
SDC contribution	**681,068 CHF**
First Tranche Disbursement:	**225,000 CHF**
Second Tranche Disbursement:	**200,000 CHF**
Third Tranche Disbursement:	**125,000 CHF**
Forth Tranche (extension) Disbursement	**115,568 CHF**
Project Expenditure to Date:	

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Executive summary

The Inception phase of the HEAL project was conducted from March 2019 to October 2020 to set priorities and expectations of governments in the three countries, donors, project beneficiaries, and project partners; define the operational structure for implementation and developing the detailed project document for the upcoming phases of the project.

The assessments conducted in the inception phase provided evidence that supports the bottom-up approach, participatory, context-specific, coordinated, and integrated approach in reshaping service delivery in the form of One Health Units (OHUs). These units will facilitate a combination of services from different disciplines in a meaningful way and will thus facilitate interactions and coordination between governmental departments, private service providers and communities. OHUs will focus on human and animal health services provisioning, community awareness-raising and training and improving rangeland health and natural resource management. They aim to sustainably strengthen human, livestock and environmental health services and support communities to develop sustainable strategies for coping with changing environments and threats related to climate change. OHUs will be piloted in HEAL project sites which will be mobile or static as guided by the assessment's findings on the best approach for the different target areas. They will be supported and periodically supervised by the government line offices and the project staff. It is worth mentioning that OHUs will not establish a parallel system from the current health care delivery system but will be complementary to the existing system.

The assessments conducted in the inception phase revealed the following key findings.

One Health Policy Context of Ethiopia, Somalia, and Kenya

The desk review has provided evidence to support the coordinated efforts to establish commitments around the One Health approach through refining the concept of One Health Units (OHUs), aligning it to the policy priorities of the three countries, and facilitating the implementation by integrating One Health Units into local and regional policies related to human, livestock and environmental health service delivery. Ethiopia and Kenya have established One Health strategic plans in different implementation stages in their respective government structures with extensive support from non-governmental organizations (NGOs) through national and regional initiatives. Somalia does not have a One Health Strategy, yet there have been initiatives supported by NGOs that promote the institutionalization of the One Health approach in the government structures despite the challenging political environment. More notably, the review has identified policy gaps and needs to be addressed in the region as summarized under the following thematic areas: governance and management; networks and partnerships; One Health capacity development; surveillance, preparedness, and response; communication and advocacy; operational research; monitoring and evaluation.

One Health - Vulnerability, capacity, and needs assessment

This vulnerability, capacity, and needs assessment is one of the studies conducted in the Inception Phase of the One Health Units for Humans, Environment, Animals, and Livelihoods (HEAL) project. The assessment was conducted at the community level, closely involving the established Multi-Stakeholder Innovation Platforms (MSIPs) that were instrumental as the entry point to the communities in the different study areas. This local-level assessment included a vulnerability and needs assessment of pastoralist communities and a capacity assessment of public and private service providers working in the same community.

The assessment was to draw evidence about the needs of the community (supply and demand of care) and the service delivery system to inform the development of standard operating procedures, training and investment plans for the One Health Units (OHUs), integrated service delivery models proposed by the HEAL project as pivotal mean to improve the health and wellbeing of pastoral communities in Ethiopia, Kenya, and Somalia. The assessment involved key stakeholder groups at the Regional/Zonal level (Government officials from the regional/zonal bureaus of Health and Livestock sectors; Public Service providers and local authorities) and the Community-level (Private actors and service providers; Traditional service providers and Community representatives).

Mapping of livestock migration routes, service delivery, and rangeland resources

In this action, communities were involved in the Participatory Resource Mapping, where they mapped their territories and indicated which places and which resources are used for which purposes. The mapping exercises were conducted to denote major livestock routes facilitating disease transmission during transhumance and to identify specific geographic locations where One Health Units can be located with existing (human and/or animal) health service provision units. Using the stepwise Participatory Natural Resource Management approach, rangeland resources are mapped, and rangeland users are identified. The developed maps were validated with the communities using the opportunity to fill any gaps of geospatial data on livestock and rangeland resources in the selected rangeland units and consultation on the gaps, and the way forward, in the project areas. Livestock routes and rangeland resources were also identified in the mapping exercises. These maps demonstrate the scope of indigenous territories, and illustrate the significance and importance of the territories and associated resources for the lives of indigenous and local communities.

Anthropological research

The anthropological research explored the needs, perceptions, and behaviors of local pastoral communities towards human and animal health and their strategies of adaptation to the environment by employing a multi-disciplinary participatory approach. The testimonies of elders, women, religious and traditional leaders together with the recommendations of service providers and local actors served to draw a comprehensive picture of the needs, knowledge, and understanding of local communities and to guide the design of effective and suitable One Health actions and support the health and wellbeing of the community.

Ex-ante socio-economic evaluation of OHUs

The assessment findings show that it is more economically viable to support the existing structures by strengthening their capacities and improving the infrastructure during the pilot phase of establishing the OHUs. For the long-term sustainability of the OHUs, the approach of supporting existing public service structures is the approach to be used where they are available.

Development of guideline documents for the OHUs

Documents related to the OHUs including guidelines, training plans, and Standard Operating Procedures (SOPs), are developed. The SOP considering the health service delivery system in each context/country of the intervention was prepared by CCM, a partner organization with the field experience. Lessons learned and best practices were used to define the minimum inputs and service standards across the region. Results of the One Health vulnerability, capacity, and needs assessment helped to identify the most suitable and effective model of service delivery in pastoral and agro-pastoral areas. The OH Training Plan is developed through a careful analysis of needs across the project sites, mainly among frontline health workers, district authorities, and project beneficiaries. The field assessment indicated the importance of running and supporting the delivery of OHUs services through training on-the-job, technical backstopping, and continuous supervision.

HEAL Regional coordination: exchanges between Ethiopia/Kenya/Somalia

Two regional coordination meetings were held during the inception period in which consortium partners from different countries attended for detailed planning of inception phase activities and the consortium governance guidelines. Based on the initial project development plan and the findings of the various assessments carried out during the inception phase of the project, the theory of change for Phase One is developed at the second coordination meeting.

HEAL Project Steering Committee meeting

The Project Steering Committee meeting brought together 25 participants from the three project countries representing donors, governmental and non-governmental organizations. The project implementation approaches and progress, co-funding, and funding plans were reviewed and discussed.

Engagement with other OH initiatives at the national and regional level, and donors, through workshops and conferences.

All consortium partners have been actively promoting the HEAL project in the wider One Health research and development community through establishing close collaboration with projects such as OHRECA and HORN. The HEAL project has been participating in several national and regional platforms.

Ensure visibility: Establishing online platforms

The HEAL project launched a website that collates all project reports and information. Monthly webinars are hosted in the Community of Practice (CoP) section to bring OH practitioners from the Horn of Africa and other parts of the world to exchange ideas. The webinars and other HEAL community of practice (CoP)

seminars are organized jointly with the ILRI One Health Research, Education and Outreach Centre in Africa (OHREOCA).

Develop the regional project proposal (ProDoc) for the 4-years of phase 1

The theory of change (ToC) for the HEAL first phase, which is the guiding feature in the proposal document, was developed during the second HEAL Regional Coordination Meeting. The ToC was reviewed and commented on by the SDC, and feedback is incorporated to finalize the ToC.

Co-funding strategy

A fundraising strategy developed helped to ensure that co-funding for the first phase of the HEAL project is secured using proactive and reactive approaches.

COVID-19 Preparedness and Awareness activity

The HEAL project prepared guidelines adopted to the pastoralist settings to prevent the community transmission of COVID-19 and support the controlling measures that are institutionalized by the regional and local government authorities. The HEAL Consortium in consultation with SDC was able to allocate funds from the Inception Phase budget to support the local response to the COVID-19 pandemic in project locations. The HEAL consortium implemented a common intervention strategy applied across the three countries with context-based adaptations as required in each project location. The established Multi Stakeholders Innovation Platform (MSIPs) has been used as entry points to engage with communities and channels to disseminate educational messages, playing a critical role in ensuring a community-led response to the emergency. The project implemented activities to promote information dissemination and communication for epidemics preparedness and response to identify risk-based behavioral changes in the targeted audiences.

Deliverables

All the deliverables of the inception phase were achieved and documented through the previous intermediate reports and this final report. A separate deliverable file with results is attached to this report.

Summary of activities September and October 2020

Component 3: Development of guideline documents for the OHUs

The OH team in Kenya conducted a number of mobile health outreaches within the selected posts perceived to be much in need of health services, focusing on a wide range of activities, from actual delivery of human and animal health services to dissemination of information as a tool to help expand access to health services, practices or products. The OH outreach allows to integrate human, animal and environmental services provided as a single package. They mainly target children under-5, supported through vaccination and nutrition services, and pregnant and lactating mothers which are also screened for malnutrition and provided with nutrition supplement in case of need. Over 770 people were reached with health education and 290 people (45% of which children) were treated during medical consultation visits. About 70 children under-1 were immunized and 854 children under-5 screened for malnutrition. Particular attention was given to health education regarding rabies, following a surge of rabies cases in the project area (Gas and Malabot zones), mainly in camels.

Response to COVID-19 Pandemic

Discussions with the MSIPs, influential leaders and local authorities were conducted to closely monitor the implementation of the activities plan, based on key performance and results in all project sites. The COVID-19 education sessions, disseminating key preventive messages in local language through megaphones and organizing small-group talks, FM radio sessions were conducted to address community concerns regarding the disease. Hygiene and sanitation material support were also provided to isolation facilities, households and health centers.

A. Preliminary activities

1. Project preliminary activities carried out during the reporting period

a. PRA of and partnership agreement with the partners

As part of the contractual process with SDC, VSF-Suisse conducted the partner risk assessments (PRA) of the consortium partners ILRI and CCM. The approach used by VSF-Suisse was exploring recently conducted PRAs from partners and building upon that. Accordingly, for CCM the recently conducted Partners Risk Assessment (PRA) was used as a reference and some additional information was sought based on the PRA report. For ILRI, a full PRA exercise was conducted. The reports revealed that there were no major risks that would impede VSF-Suisse to sign a partnership agreement with either one of the partners. Following the drafting of the partnership agreement, it was shared with the partners for their review and comments before a final version was prepared. The agreement was signed by all partners in July. This then allowed the disbursements of the first tranche of funds to partners.

The Somalia local partner selected to work with VSF-Suisse in this project is a local NGO called Community Empowerment and Development Action (CEDA). The organization has been operational from 2003 and has in the past received funding from United Nations Children’s Fund (UNICEF), Food and Agriculture Organization of the UN (FAO), United Nations High Commissioner for Refugees (UNHCR), CARE, World Food Programme (WFP), and World Vision. CEDA is based in Dollow district, Gedo Region with field offices in Luuq, Bulla Xaawo, Gedo Region, Kismayo and Mogadishu in Banadir Regions. It supports Relief, Rehabilitation and Development Programs in the South and Central Region of Somalia but with more focus

on human health programs. The organization has received endorsements from the government, UN bodies and NGOs. In 2018, the United Nations Children's Fund (UNICEF) through Baker Tilly International, an international audit company, conducted a micro-assessment of the programmatic and financial management capacities of the organization which revealed that CEDA has an overall Low-risk rating. VSF-Suisse did not see the need to carry out a PRA on the local partner based on the report for the micro-assessment already done recently.

b. Signature of Project Agreements (PA) with Relevant Authorities in each country and region/state

The HEAL project needed to get approvals from the regional states of Oromia and Somalia in Ethiopia as well as from the regional government of Jubbaland in Somalia.

In Ethiopia, for the Somali region where VSF-Suisse and CCM are both planning to implement the project, the consortium partners were advised to have individual memoranda of agreements with the respective bureaus of the regional governments instead of going in as a consortium. VSF-Suisse got the project approval from the Somali regional bureaus in June 2019 and CCM acquired the approvals in July 2019. The approval for VSF-Suisse to implement the project in Oromia region was also acquired in July 2019. In both regions, the organizations signed agreements with the Regional Bureaus of Finance and Economic Cooperation; Health; Livestock and Pastoralists Development; and Agriculture and Natural Resource Management. Given its legal status in Ethiopia, these agreements were not needed for ILRI.

In Somalia, a Memorandum of Understanding (MOU) with the relevant Jubbaland State Ministries (Health; Livestock, Forestry, and Range; Agriculture and Planning and International Cooperation) was signed and the project approved on 22 July 2019 in Kismayo. This was done after discussions and meetings were held with the relevant Jubbaland State authorities represented by a total of 19 officials. In view of the capacity issues still bedeviling the nascent governance structures in Somalia and the high operational costs in Somalia, it was agreed that at this juncture, VSF-Suisse would seek to sign the MoU only at State level and only escalate the same to the Federal level at a later stage of project implementation.

The Kenya NGO Board regulation does not require a formal agreement before the project starts its implementation, rather an approval at County Regional level through the County Steering Group (CSG). This, however, is not compulsory to start with preliminary activities like staff hiring and project set up. The CSG is the county governing body responsible for coordinating all social services and humanitarian responses within the county. The committee is chaired by the office of the County Governor with the National Drought Management Authority (NDMA) being the secretariat. The HEAL project had already been introduced to the steering group at the county level, giving a detailed outline of the expected outputs and other relevant information in November 2018.

c. Launching workshops

Three launching workshops were carried out for the HEAL project, two in Ethiopia and one in Somalia. The first launching workshop for Ethiopia was carried out in Somali region on the 26th June 2019. The event was officially opened by a representative of the Humanitarian Coordination Advisor's Office of the Somali Region President. The 27 participants included the bureau representatives from livestock, health agriculture, water, and finance as well as NGOs working in the region. Private sector representatives from

the livestock and animal health industry also participated in the event. Presentations made included the highlights of achievements and challenges of the National OH platform, presented by Dr. Darsema Gulima from the USAID Human Resources for Health (HRH) 2030 project; the HEAL project presentation by the Regional Project Manager and presentations from ILRI and CCM.

The launching workshop for the project in Somalia was held on the 10th July 2019 in Dollow, Gedo Region in Somalia. The event was officially opened by the District Commissioner and it was covered by the local Jubbaland TV station. There were 29 participants, including the regional and district government offices representatives from livestock, health, and agriculture; representatives from NGOs working in Dollow and Gedo region, and community representatives. The broad range of stakeholders helped them to understand and identify themselves with the project which augurs well for the support of the project. The local government and community representatives also understood their roles and responsibilities in the project although more engagement is being done through subsequent activities. District commissioners of the three districts (Dollow, Luuq and Bulla Hawa) showed their commitment to work with partners engaged in One health units. There was a joint presentation from the HEAL consortium on the project and the planned activities as well as an overview of the individual organizations. The event was held at the offices of the local partner CEDA. Following the launching workshop, a follow-up meeting was held between the HEAL team and the local partner, CEDA. The main agenda was to have a discussion with the partner on their role in this first phase of the HEAL project, the modalities of collaboration for successful implementation of the project and their expectations. The team also visited the CEDA in offices in Dollow and their satellite health centers in the town.

The launching workshop for the Oromia region was held on the 5th of September 2019. The activity was planned in close collaboration with the National One Health Steering Committee and with the Oromia One Health Regional Taskforce; both offices participated in the launch. Participants included the national and regional government representatives, international and national NGOs as well as SDC.

In Kenya, CCM and its partners (VSF-Germany, Trim and DIST/University of Torino) launched the project that is co-funding HEAL at the beginning of May 2019. The project 'One Health: A Multidisciplinary Approach to Promote the Health and Resilience of Pastoralist Communities in North Kenya' is financed by the Italian Agency for the Development Cooperation (AICS) and contributes to the regional HEAL program. Upon successful presentation and endorsement by the CSG group, the sensitization and engagement of the leaders started with two official project launches in Marsabit (County Capital) and North Horr on December 6, 2018, and January 15, 2019, respectively. During the launching workshops, attended by 39 and 65 participants respectively, the project team provided a detailed introduction of the project, outlining the One Health concept, its evolution and benefits and its integration in the current OH National Strategic Plan. The project scope, objectives and strategies, as well as the expected deliverables, were presented and discussed with the workshop participants, underlying the importance of active participation by local communities to ensure its success.

d. Staff recruitment/deployment

The key staffs who were to be recruited as part of the project implementation unit are the Regional Project Manager and the Regional Finance Officer. The project manager was recruited and started working in May 2019 while the finance officer was recruited in July 2019. VSF-Suisse has also recruited the Field Office Coordinator based in Yabello, Borena zone to coordinate and facilitate the project activities in Oromia

region. In Somalia, VSF-Suisse had the Country Director, Project Officer and Field Veterinarian working on the project with support from other technical, finance and administration staff.

At ILRI, full-time staff/experts for the HEAL project recruited during the reporting period include a National Expert on Natural Resource Management, who was recruited in September 2019 and at CCM, the OH/Human Health Expert who also joined in September 2019. These two recruitments provided technical support to the HEAL project and the OH Team in Addis Ababa, Ethiopia. Moreover, CCM staff in Filtu involved in other projects supported the implementation of HEAL activities in this location; these are the Filtu Project Manager and a Community Expert. In Kenya, CCM appointed as One Health Coordinator a former employee who had worked with the organization several years in the region. The OH Coordinator was deployed to the project site in July 2018. Health and veterinary staff were hired by CCM and VSFG between September and October, whereas environmental partners (Trim and DIST/University of Turin) worked through field missions with Italian personnel.

Project Progress by Activities:

1. Specific Objective 1: To examine priorities and expectations of governments in the 3 countries, donors, project beneficiaries and project partners

a. Component 1: Stakeholder engagement

i. Mapping of The OH Policy Context and Needs Assessment at National Level

The mapping of the policy context and identification of the needs at the country level was carried out as a desk review for the 3 countries in focus, Ethiopia, Kenya, and Somalia; based on the available policy documents and other literature resources primarily from online research. Triangulation of information was also done by informal engagements with key informants when required which were useful to pinpoint the challenges beyond the strategy and other documents. The final report is attached as **Annex 1** in this report.

ii. Establishment of multi-stakeholder innovation platforms (MSIPs)

The project aimed to establish five MSIPs in the project intervention sites; 3 in Ethiopia and 2 in Somalia. However, eight MSIPs have been established in total under the HEAL project: two in Borena zone (Bokola kebele of Moyale Woreda and Melbana kebele of Miyo Woreda; two in Moyale Dawa zone (Arda Olla and Dhukisu kebeles of Moyale Woreda); two in Filtu Liben zone (Golbo and Osobey kebeles,) and two in Somalia Bullahawa and Dollow Districts. Each MSIP comprises of 20 to 23 members including Community animal health worker, Health extension worker, Community volunteers, DRR committee members, VICOBA group representative, PFS group representative, WASH committee members, Women representative, Youth representative, Religious leader, Private business and pharmacy, Woreda/District health, livestock and rural development and crop and natural resource offices expert, and kebele representatives. All the MSIPs established have office representatives selected from the membership who include the Chairperson, Vice-Chair and a Secretary. Workshops were held to discuss their role in the project as well as other opportunities where they can be a platform to support or represent the community in other projects. The MSIPs have also been fully involved in the field assessments that have been carried out during the inception phase.

To ensure standardization in the activities across the three countries, an experience sharing/learning workshop was facilitated by the CCM Community Engagement expert in Moyale for the VSF-Suisse Somalia and Ethiopia field teams. A field officer from Somalia's local partner CEDA was also in attendance. During the experience sharing exercise, analysis and discussion of opportunities and challenges of the different steps required to create the platforms at the community level were carried out. The exchange exercise ensured that establishment of MSIPs followed a standardized, though locally adapted, approach across the whole project intervention area. In Somalia, the local partners CEDA was instrumental in collaborating with VSF-Suisse in the establishment of the MSIPs and in the facilitation of the same alongside VSF-Suisse on the ground. This activity was successfully completed and the MSIPs remain engaged in the project activities and are linked to other projects as community platforms for various activities, which helps to ensure synergies are built with other projects. The 8 established MSIPs were engaged in the project activities such as the OH vulnerability and capacity needs assessment and have also proved instrumental in the COVID-19 community preparedness and awareness activities that were carried out in the various HEAL project sites. Testimonial documents were included in the second interim report.

b. Component 2: Context analysis

i. One Health – Vulnerability, capacity and needs assessment

Following the completion of the development of the study protocol (shared with SDC as part of the First Interim Report), the data collection tools were reviewed and finalized by the HEAL interdisciplinary technical support experts/team. Both the Study Protocol and the data collection tools were once more reviewed during the HEAL Regional Coordination Meeting, held on the 15th and 16th October 2019 in Addis Ababa. The finalized data collection tools were introduced to the field teams during an enumerators training workshop held in Moyale on the 19th and 20th of October 2019. This training was conducted by the HEAL RPM and the CCM OH Expert, where the enumerators' teams were trained on the use of the tools to ensure a harmonized understanding of the task and a standardized data collection activity across the region. Data collection was carried out in November and December 2019 followed by data analysis and report writing Procedures for analysis and report outline were drafted, discussed and agreed upon within the HEAL Consortium, in January 2020. The HEAL Team including the CCM OH Expert and other technical advisors worked together in the whole process of data analysis and write-up of the report. The assessment was conducted at the community level, closely involving the established Multi-Stakeholder Innovation Platforms (MSIPs) that were instrumental as the entry point to the communities in the different study areas. This local-level assessment included a vulnerability and needs assessment of pastoralist communities and a capacity assessment of public and private service providers working in the same communities. Gender analysis and socio-economic assessment were mainstreamed in the same exercise.

The assessment provided evidence on the needs of the system and community (supply and demand of care) to inform the development of standard operating procedures, training and investment plans for the One Health Units (OHUs), integrated service delivery models proposed by the HEAL project as pivotal means to improve the health and wellbeing of pastoral communities in Ethiopia, Kenya and Somalia. The assessment involved key stakeholder groups at the Regional/Zonal level (Government officials from the regional/zonal bureaus of Health and Livestock sectors; Public Service providers and local authorities) and the Community-level (Private actors and service providers; Traditional service providers and Community

representatives). A total of 681 people (41% women and 59% men) were interviewed or participated in the interviews, which were above the targeted 527. The full report is attached as **Annex 1**.

ii. Mapping and/or validation of the livestock migration routes and of the human and animal health service delivery and rangeland resources using Participatory Rangeland Management (PRM) assessment

This activity was led by the ILRI National NRM expert with support of senior ILRI NRM experts and was supported by other ILRI staff. The aim was to develop maps on livestock movement, human and animal health service delivery infrastructure and to assess the current status of natural resource management in HEAL sites. A detailed plan for the livestock route mapping and the participatory natural resource management assessment was developed alongside the data collection tools. ILRI carried out training for the field staff on the facilitation of community dialogues for the Participatory Natural Resource Management activities from 21st to 25th of October 2019. The training included workshop sessions and field trials with communities in Dawa and Borena zones. Following the training of the field staff on the mapping exercise, the activity commenced in November in the HEAL sites in Ethiopia. In the Borena zone, similar mapping activities had previously been carried out by other projects such as the PRIME project. Thus, there was a need to carry out the validation of the livestock route maps and add the mapping of service delivery channels for both human and livestock service providers. In Filtu and Moyale, rangeland units were identified in each site and accordingly the mapping activity carried out. Knowledgeable people on livestock routes and representatives of the concerned local authorities and communities participated in the workshop. Livestock routes and rangeland units were mapped and OHUs service needs were identified.

The activity was also used as an opportunity to fill any gaps of geospatial data on livestock and rangeland resources in the selected rangeland units and consultation on the gaps and the way forward, in the project areas. The mapping and/or validation of livestock migration routes activity was done jointly with the HEARD project (and co-funded accordingly, also included HEARD staff) as part of the HEAL co-funding. In Somalia, the mapping activity was done in collaboration with the two MSIP established in HEAL in Tullow Amin village of Bullahawa district and Surgudud village of Dollow district. In both sites, the developed maps have been validated by the communities and presented to the local administration. The NRM experts from ILRI have been unable to meet directly with the communities in this area due to the security challenges and restrictions involved in travelling to Somalia. The experts thus provided the technical backstopping and support remotely to the Somalia teams. The PNRM activity was carried out in Somalia by the VSF-Suisse and CEDA teams on the ground. This was led by staff from the 2 organizations who participated in the training for the field staff on the facilitation of community dialogues for the Participatory Natural Resource Management activities given by ILRI in October 2019 in Ethiopia. The field staff were in regular communication with the ILRI NRM expert for the remote technical support. The resulting maps were digitized and included in the final report on this mapping activity **(Annex 2).** The formal validation of the finalized maps had to be post-poned because of Covid-19 related restrictions and will be conducted in the Phase 1 of HEAL. The findings from the discussions and assessments of current natural resource management plans were summarized in a separate report **(Annex 3&4.).**

The HEAL Consortium, through ILRI, supported PRM training and validations for the CCM-led project in Kenya. preparation for this, CCM and ILRI met in November 2019 in Nairobi to discuss the objectives and methodologies of these activities in North Horr.

The participatory mapping exercise in Kenya was then organized in February 2020, with a refresher training for community actors involved in the project. The exercise aimed at involving participants in identifying key pasture areas and water sources used, both during dry and rainy seasons and the key hazards threatening the environments. Through the mapping exercise, community actors and leaders were asked to highlight the natural resources most vulnerable or exposed to the risk of extreme events, migration routes and any other relevant features. The project team developed 3 paper-based maps, to guide the exercise. These maps showed the information on the road network, the position of the 8 health facilities and outreach locations, targeted by the project, the seasonal streams, and the water points and pasture areas monitored by the project. In each of the 3 maps a different base layer has been used:

a) a physical representation of the area using the Digital Terrain Model (DTM)
b) a representation of the vegetation condition during the last dry season using the Normalized Difference Vegetation Index (NDVI index)
c) a representation of the vegetation condition during the last rainy season using the NDVI index

The mapping exercise allowed the participants to identify and understand the behavior of the local pastoralist communities in the dry and rainy seasons, according to the availability of pasture and water drawing. This mapping report for Kenya is attached in **(Annex 5).**

iii. Ex-ante socio-economic assessment of OHUs

This assessment was not carried out as a stand-alone activity, but rather it was incorporated in the OH vulnerability, capacity and needs assessment. Accordingly, the tools for the required data were incorporated in the OH vulnerability and capacity needs assessment tools, to allow a concurrent collection of data on the ground. The definition of indicators related to the economic dimension of the OHUs was based on the Theory of Change (ToC), initially developed by ILRI to serve this purpose and eventually discussed among HEAL partners during the Regional Coordination Meeting. The findings for this have been incorporated as a separate chapter in the OH vulnerability and capacity needs assessment report outlining a possible framework to assess economic viability for OHUs with recommendation on what data need to be collected during the implementation phases.

iv. Gender analysis

Similar to the ex-ante socio-economic assessment of OHUs, data collection to update previous gender analyses was integrated into the data collection for the vulnerability assessment. Unfortunately, the data received lacked richness of information, which may reflect gaps in gender capacity of enumerators or that gender ended up being streamlined too much. Nevertheless, the data obtained, mainly gender disaggregated data, were incorporated in the vulnerability report. To supplement these insights, we conducted a literature review on gender in human health, animal health and natural resource management and based on this, concluded with recommendations on points HEAL needs to pay special attention to during the implementation phases **(Annex 6).** As part of this process, during the extension of the inception phase, we also embarked more in-depth discussion on gender in One Health, as surprisingly little has been published on this in the past. This was done with support of the ILRI One Health Centre OHRECA and will continue during the implementation phase in 2021.

v. Anthropology research

The research took place in November and December 2019 in Somalia and it was designed based on the lessons learnt and experiences from the similar research conducted in Kenya and Ethiopia. The security challenges in Somalia necessitated an innovative methodology that allowed reaching the remote areas of the project location and maintain a high-quality standard of data collection. Building on previous experiences, the anthropology and human ecology study was guided by CCM experts, who supported from remote (Italy and Kenya) the data collection at field level. Constant and open communication with the field ensured the quality of the research outcome. The research was conducted in Gedo Region (North), localities inside the triangle Dollow, Beledxaawo and Luuq, and satellite settlements.

The overall objective of the study was to investigate the perception about health in the OH domains (human, animal, environmental) amongst nomadic pastoralists, agro-pastoralists, urbanized pastoralists and destitute pastoralists (IDP). In particular, the project area (in the triangle Dollow, Beledxaawo, Luuq PA) was defined in 5 different ecosystems and relative settlements:

a.) Lowlands (seminomadic pastoralism): Malkariyey, Beledxaawo District
b.) Highlands (nomadic pastoralism): Sullale, Luuq District
c.) River and alluvial plains (agriculture and mixed economy): Bantaal, Dollow District
d.) Small towns and peri-urban belts (services, markets, modernity): Tuulo Amin, Beledxaawo District
e.) IDP camps (totally artificial and alien to surrounding livelihoods): Kabasa, Dollow District

The research was implemented through a "stringer/spotter" model, by which information is gathered and diffused geometrically from the ground (field level) to the centre (remote support). Making use of Internet communication, the experts elaborated and implemented an innovative and replicable remote-tutored field-mission methodology, meant to follow, monitor and pilot step-by-step the activities in the field, the quantity/quality of gathered data, their reporting and two-way elaborations. The tutoring was achieved by a continuous flow of information from/to the expert anthropologist and the Somali PH provider, particularly knowledgeable about local health systems, communities' social background, local people's behaviors and customs, and environmental criticalities. Several results were identified after the research was conducted. It was indicated in connections between patterns of disease and patterns of culture.

The anthropologic approach identifies these processes about livelihood, and an anthropologic operational research recommends appropriate health policies, deepens understanding of disease causation and treatment, and promotes more effective actions to enhance health, helping prevent disease at upgraded scales and values than biomedicine by itself. The study also identified a proactive environment surrounding pastoralists, feeding them and their animals, that in turn interfere with habitats. What characterizes Gedo zone is change. The variation is visible in clan composition, population-density increase, policies and constraints against nomadism, diminution in herd size, shift from camels to sheep and goats, change in urbanization patterns. See the full report of the Gedo Anthropological Research in **(Annex 7).**

The consultant prepared of a OH Compendium, which summarizes the results of the field researches conducted in South-eastern Ethiopia, North-western Kenya and South-western Somalia between 2015-2020. Employing a multidisciplinary and participatory approach, the three studies reviewed in the Compendium explore the needs, perceptions and behaviors of local pastoral communities towards human and animal health, and their strategies of adaptation to the environment.

The narratives and testimonies of elders, women, religious and traditional leaders, as well as the recommendations and insights of frontline service providers and local actors, served to draw a comprehensive picture of the needs, knowledge and understanding of local communities, and to guide the design of effective and suitable One Health actions to support their health, wellbeing and development. The document describes critical features and similarities identified in the local communities across the three countries (Ethiopia, Kenya and Somalia). These have helped to define a common strategy to health, among nomadic pastoral areas in East Africa. On the other hand, important peculiarities are depicted and analyzed for each context; these shall always be taken into account, to tailor an intervention to the social-ecological system and the specific needs of each community. The main similarities identified across Filtu, North Horr, and Gedo areas include the following:

- Animal health and human health maintain a biunique relationship, but are not symmetrical: livestock's health matters more than one of household members;
- Cultural features like shame (North Horr), religious fatalism (Filtu and Gedo), gender biases (throughout, and not only towards women), do count in shaping health-seeking behaviours;
- Case seriousness, age, gender, distance, transport and costs are still the diffused "African triage" system;
- Environmental health is taken for granted, even when it shows alterations (climate change, leaf nutritional loss, encroaching plants); due to the extreme variability of rainfall, temperature, grazing/water availability, uncertainty is considered intrinsic to environmental health (absence of disease);
- There is no or extremely limited implementation of Government/local authority environmental services; only some WASH activities are performed in the main settlements, plus awareness campaigns during outreaches;
- Traditional/religious care and treatment are persistent and parallel to biomedicine;
- Veterinary resources are very limited (above all, static facilities), and valued as non-existent, although CHAWs are in some form available throughout (mainly private and self-learned);
- Both human and animal healthcare are relying more and more on privately acquired medicines, mainly because of inferior costs and higher availability; this is leading to a diffused danger in using contraband, counterfeited, expired drugs.

The compendium report summarizing the study done in the 3 project countries is attached in **Annex 8**.

a. **Other studies and related activities**

During the inception phase, the HEAL project was engaged in other activities that allowed deepening the understanding of the local context in the project areas. In January 2020, the team was involved in a baseline assessment on Internally Displaced peoples (IDPs) existing in the project areas. Key informant interviews were held with the relevant government department heads and Focus group discussions were also conducted with IDPs representatives. The assessment aimed to explore accessibility and utilization of human and animal health services, natural and community resources. The report on this assessment is included in the OH vulnerability and capacity needs assessment

c. Component 3: Development of guideline documents for the OHUs

The assessments and research findings have been essential in the development of guidelines, training plan, Standard Operating Procedures (SOP) and other documents related to the OHUs. The development of the OHU guideline documents also referenced lessons learnt from the CCM OH project in Ethiopia and Kenya, where frontline service providers (including Health Extension Workers, Community Health

Volunteers and Community Disease Reporters) were trained on the general concept of OH and how to use the approach in tackling the main human and animal health problems; the risk of animal-to-human infection transmission (zoonosis) and community disease surveillance.The SOP takes into account the health service delivery system in each context/country of intervention; lessons learnt and best practices, collected across the region, were used to define the minimum inputs and service standards; results of the One Health – Vulnerability, capacity and needs assessment helped the identification of the most suitable and effective model of service delivery in pastoral and agro-pastoral areas. An in-depth desk review of project, national and regional documents was conducted, to retrieve inputs and suggestions to develop standard guidelines. Reviewed documents include the project activities reports related to the MSIPs and mobile OHUs, national and partners' manuals, regional OH guidelines and training materials. The SOPs were developed to help the OHUs to provide uniform basic minimum primary health care services through an integrated approach, targeting vulnerable communities in pastoralist and agro-pastoralist areas. The SOP was framed to address the following issues:

a. Introduction about HEAL and OH and key principles and strategies of the OHU;
b. Operationalization and set-up of the OHUs;
c. OHUs staffing;
d. Service delivery and essential supplies required by the OHU;
e. Coordination mechanism and monitoring system.

A first draft of the SOP was prepared by CCM, partner with the longest field experience in the use of OH Units, and eventually shared with all HEAL partners for their input and feedback. The process allowed the integration of the experience and expertise of different partners and led to the finalization of the document. The SOP was endorsed by the HEAL Consortium as a working document, that will be amended and ameliorated over time as more evidence on best practice becomes available from the ground.

The OH Training Plan was developed, through a careful analysis of needs across the project sites, mainly among frontline health workers, district concerned authorities, and project beneficiaries. The field assessment indicates the importance of running and supporting the delivery of OHUs services through training on-the-job, technical backstopping and continuous supervision. In particular, the district concerned authorities showed evident gaps in the proper management and supervision of the OHUs. Frontline service providers, directly responsible for the OHUs activities, have skill and knowledge gaps to conduct community awareness and education activities at the village level and will need specific training on One Health; prevention, management and control of zoonoses; animal health and husbandry; NRM; and gender integration.

The reference documents and training program, attached as **Annex 9 and 10**, represents an excellent basis to promote a participatory learning process around the OH guidelines and the establishment of OHUs that effectively respond to local needs.

In Kenya, integrated services continued to be provided through mobile OH outreach teams throughout the project period. OH outreaches are services provided by a mobile team of trained providers, coming from a higher or mid-level health facility to a lower-level facility or community units, in an area with limited or no health services. The OH team conducted several mobile health outreaches within the selected posts perceived to be much in need of health services, focusing on a wide range of activities, from the actual

delivery of human and animal health services to the dissemination of information as a tool to help expand access to health services, practices or products.

The OH outreach allows integrating human, animal and environmental services provided as a single package. They mainly target children under-5, supported through vaccination and nutrition services, and pregnant and lactating mothers who are also screened for malnutrition and provided with nutrition supplements in case of need. Pregnant mothers are also provided with antenatal care services, such as micronutrient supplementation, general check-up, tetanus immunization among others. On the animal health component, the service targets the few livestock left within the homestead to provide milk to the family after the big herds have been driven out to the main grazing fields. Animal health services include sensitization on animal disease prevention and control, treatment of common diseases like worm infestations and some bacterial infections. The service providers mainly include ward veterinary officers, health facility staff and trained community actors, including one nurse, one nutritionist, one CHA (Community Health Assistant), three CHVs (Community Health Volunteer), one CHV and CDR (Community Disease Reporter) from respective out-post.

In 2020, 3,538 people were reached with health education and 1,442 people (including 602 children) were treated during medical consultation visits. A total of 1,495 children under-1 were immunized and 4,269 children under-5 screened for malnutrition. More severe cases were referred to the nearest Health Facilities for proper treatment. It is important noting that COVID-19 forced the suspension of OH mobile services in April and May and activities restarted slowly in the following months.

During the no-cost extension, particular attention was given to health education regarding rabies. Following a surge of rabies cases in the project area (Gas and Malabot zones), mainly in camels, the OH Team decided to address the community on the issue and provide special education sessions on the disease. The pastoral communities were taught how to prevent the spread of disease, through simple basic measures such as the immediate and thorough wound washing with soap and water, the killing of all affected animals and their contacts, and most importantly, the seeking of early medical attention in case of contact with suspected cases. In addition, the project also provided logistic support to the county veterinary department to organize mass vaccination to the affected animals in the project area.

Across the whole 2020, about 900 pastoral households were helped with veterinary services for their livestock. About 2,400 animals (goats, sheep and camels) were treated by the OH team for several diseases, including Helminthiasis, Tick infestation, Trypanosomiasis, and camel ticks.

The table below indicates the number of people reached with services during the mobile health outreach in Balesa, El-Hadi and North Horr facilities catchments.

Table 1 number of people reached with services in mobile health outreach

	Indicators	Balesa Catchment	El Hadi Catchment	North Horr Catchment	Total
	Human Health				
1	Number of people given health education	579	670	2289	**3,538**

2	Number of consultations above 5 years	384	215	241	**840**
3	Number of consultations bellow 5 year	303	127	172	**602**
4	Number of children under 1 year immunized	321	35	1139	**1,495**
5	Children under 1 year receiving PENTA 3	55	23	151	**229**
6	Number of mothers given ANC services	170	80	293	**543**
7	Patients diagnosed with Brucellosis	0	3	9	**12**
8	Patients screen for brucellosis	0	0	0	**0**
9	Children under 5 screened for MUAC (<115mm)	7	0	30	**37**
10	Children under 5 screened for MUAC (>115)	1028	1047	2157	**4232**
11	MUAC screening for PLW All	278	157	418	**853**
12	MUAC screening for PLW (<21 cm)	106	80	226	**412**
	Animal Health				
13	Number of people sensitize on veterinary services	125	95	678	**898**
14	Number of camels treated	443	176	166	**785**
15	Number of goats treated	406	483	493	**1382**
16	Number of cattle treated	12	15	10	**37**
17	Number of sheep treated	46	94	29	**169**
18	Number of camels immunized	0	0	0	**0**
19	Number of cattle immunized	0	0	0	**0**
20	Number of sheep immunized	0	0	0	**0**
21	Number of goats immunized	0	0	0	**0**
22	Number of animal screened for brucellosis	0	0	0	**0**
23	Number of animal screened for Anthrax	0	0	0	**0**

d. Component 4: Establishment of HEAL regional community of practice

HEAL Regional coordination: exchanges between Ethiopia/Kenya/Somalia

The first coordination meeting which also served as the consortium planning workshop was held in Addis Ababa at the ILRI campus on 12th to 13th March 2019. Fifteen representatives of the consortium partners from the respective headquarters, Kenya, Somalia and Ethiopia offices were present. The aim of the workshop was to conduct detail planning of the project for the inception phase including the consortium

governance for the inception phase, communications and the activity details in terms of the intervention strategy, timeline and resources needed. The outcomes of these discussions facilitated the input to the inception report. It also helped to clear open issues for HEAL inception phase. The workshop was wrapped up with a debriefing session with SDC.

The second HEAL Regional Coordination workshop was held in Addis Ababa on the 15th and 16th of October 2019. The meeting had 28 participants from the 3 partner organizations. The main outcomes of the meeting were:

- Finalization of the field assessment documents (Study Protocol and Data Collection Tools) with a clear plan of action for the next 3 months for the data collection activities
- Development of a Theory of Change for the overall duration and the next phase of the HEAL project (Phase 1)
- Development of a co-funding strategy with the plan to develop the “sales” package for the project

During the meeting, consortium members were tasked to carry out particular activities required for the timely and quality development of the first phase of the project. These were split into 2 groups, namely: the proposal development group and the fundraising group. The Proposal Development Group was tasked to take lead in the development of the prodoc for HEAL Phase 1 (2020-2024) and the other accompanying documents, such as the organizational structure. The Fundraising Group has been tasked to develop and implement a fundraising strategy that includes proactively approaching and engaging potential donors for the first phase of the HEAL project. The finalized ToC was included in the Phase 1 proposal documents. This and the co-funding strategy were presented to SDC in a subsequent meeting, held in Addis Ababa on 15th November 2019.

HEAL Project Steering Committee meeting

The first Project Steering Committee meeting was held on the 12th of December 2019 in Addis Ababa and attended by a total of 25 participants from the 3 project countries. These included representatives from the donor organizations (SDC and AICS); governmental (e.g., Ethiopia NOHSC, Kenya ZDU and line ministries at different levels) and non-governmental organizations. The main objectives of the first Project Steering Committee (PSC) meeting were the following:

a) Present the project progress and review the implementation approaches
b) Present the Theory of Change (ToC) for the complete 12-year period of HEAL
c) Present the Co-funding Strategy and funding plans
d) Discuss the key objectives for input and review

The main outcomes of the meeting were as follows:

- Commitment from the PSC members to be HEAL and OH ambassadors in their respective organizations and offices
- Commitment from the PSC members to support the HEAL project as per the Terms of Reference as agreed on in the meeting
- Suggestions were made on how to get the required co-funding such as taking advantage of governmental and non-governmental coordination meetings/forums/workshops at regional and national levels to market the project; align the project to existing government initiatives and keep

abreast of any new regional or national initiatives being implemented by other agencies for collaboration and funding opportunities.

The full report of the PSC meeting is attached herein in (**Annex 11)**

Engagement with other OH initiatives at national and regional level, and donors, through workshops and conferences

All consortium partners have actively promoted HEAL in the wider One Health research and development community. From ILRI, efforts were made to closely work with the new One Health Centre for Africa (OHRECA) at ILRI, and the HORN project (One Health Research Network for the Horn of Africa, led by University of Liverpool). CCM and VSF-Suisse participated in the One Health Central and East Africa international conference held in Kampala, Uganda in July 2019. The HEAL consortium also participated in a meeting with the JOHI project organized by SDC which helped to identify possible connection points and synergies between the projects. VSF-Suisse through the HEAL project has facilitated the establishment of the Somali region One Health Regional Task Force that was established in July 2019 in collaboration with the Ethiopia National One Health Steering Committee. In Somalia due to the weakness of the government and the general insecurity situation, the plans to establish OH regional community of practice through participation in the country's fora and conferences will take time. However, the awareness among the key government ministries especially in Jubbaland has been created during the meetings held to get the MOU signed and the project launched.

HEAL was represented at national and regional meetings, workshops and seminars by the HEAL RPM and/or project partners. Among others, these include the national One Health forums and the African Union monthly One Health meetings. The HEAL project also presented in the virtual 6th World One Health Congress in November 2020 which is co-organized by the One Health Platform, the University of Edinburgh, Edinburgh Infectious Diseases, Africa CDC and the Southern African Centre for Infectious Disease Surveillance. In particular, HEAL results were shared in an oral presentation within the sessions Operational Frameworks; whereas the results of the CCM-led OH project in Kenya was presented through a dedicated poster, and ILRI had a presentation discussing integration of One Health in natural resource management. In March 2020, the HEAL team conducted an office-level discussion meeting with CORE Group Polio Project, to share expertise, ideas and resources, given the mutual presence in Somali Region (Ethiopia) and Marsabit County (Kenya). CCM OH Expert, Country representative, and HEAL Regional Manager met with the representatives of the CORE Group Polio project and had a productive introductory meeting. The collaboration will be sought in the future, promoting synergies and integration among the projects.

In August 2020, CCM OH Expert attended the two-day coordination meeting of the Somali Region One Health Task Force in Jigjiga, where CCM presented achievements, challenges and gaps of the HEAL project. The workshop allowed the finalization of the Terms of Reference of the Somali Region OH Task Force (SROHTF), that were presented and discussed among all partners. Clear communication channels among government and non-government partners were also established. Meetings have also been held with other organizations such as WHO and IGAD to explore collaboration opportunities between HEAL and their ongoing or planned regional initiatives.

Ensure visibility: establish an online platform.

The HEAL project website (https://www.oh4heal.org/) was launched in July 2020 and this has been shared with the project partners and stakeholders. The website collates all the project information and reports, which are available on the portal. In efforts to build on the HEAL Community of practice, online monthly webinars have been held which aim to bring together One Health practitioners from the Horn of Africa and elsewhere to discuss best practices on how to operationalize One Health in the field and how One Health supports sustainable development. The seminars and other HEAL community of practice (CoP) seminars are organized jointly with the ILRI One Health Research, Education and Outreach Centre in Africa (OHRECA). The webinars have been running from August 2020 as follows:

a) 6th August 2020: Opportunities for change – One Health in Africa. Guest speaker: Bassirou Bonfoh, Director of Afrique One-ASPIRE
b) 3rd September 2020: Institutionalizing One Health: Lessons from Kenya. Guest speaker: Dr. Mathew Muturi, co-leader of Kenya's Zoonotic Disease Unit
c) 1st October 2020: Evaluating integrated approaches to health based on systems thinking. Guest speaker: Dr. Simon Rüegg, Senior Scientist at the University of Zurich
d) 5th November 2020: The perspective of funding agencies in funding One Health projects. Speaker included:
    - Lensse Gobu, Programme Officer for Health - SDC Ethiopia
    - Larissa Meier, Deputy Head of International Cooperation - SDC, Ethiopia
    - Faben Getachew, Nutrition and Gender expert - Italian Agency for Development Cooperation
    - Gabriele Mugnai - Italian Agency for Development Cooperation
    - Björn Niere - German Federal Ministry for Economic Cooperation and Development (BMZ)
e) 3rd December 2020: One Health vulnerability, capacity and needs assessment and the concept of One Health Unit, Diana Onyango (VSF Suisse) and Micol Fascendini (CCM)

A HEAL YouTube channel (https://www.youtube.com/channel/UCUMCG6JPVbudjgaF53jdNKw) was set up to compile the recordings of the different HEAL webinars coming out of the community of practice, which can also be accessed from the HEAL website.

2. Specific objective 2: To define the project strategy, structure for implementation and project management framework for the 4-year pilot phase and beyond

The main activities under this specific objective included the development of the regional project proposal (project document) for the 4-year Phase 1 and the development of the project management and evaluation framework (plan). This started in October 2019 with the development of the Theory of Change for the first phase and the overall period of the project.

In efforts to source the necessary co-funding for the HEAL project, a fundraising working group has been established which comprises members from the 3 partner organizations. The group has terms of reference with some of the key duties including advising the Partnership Board on any fundraising opportunities, developing the fundraising strategy for the HEAL project and identifying and responding to funding opportunities relevant to HEAL. So far, the HEAL consortium has responded to 2 Expression of Interest calls from USAID. The first one is on Addressing Emerging Zoonoses and Antimicrobial Resistance which has progressed to the second stage of a joint concept note development with USAID. The second one is

on Advancing Locally Led Development through the proposed One Health Units integrated service delivery approach which we are yet to receive feedback on from USAID.

Develop the regional project proposal (project document) for the 4-year pilot phase

In the second HEAL Regional Coordination Meeting, the ToC for the HEAL first phase was developed. This is the main guiding feature in the development of the proposal documents. The ToC was then shared with SDC for review and received comments taken into consideration to finalize the ToC. A meeting was also held between the Proposal Development Group and SDC on the 13th December 2019, to analyze and review the main elements of the prodoc and have a common understanding of key issues to be included in the HEAL strategy. A timeline for the delivery of the prodoc documents was also agreed on, and the first draft submitted to SDC in spring 2020.Taking into account comments received from SDC, the proposal was finalized in summer 2020.

Co-funding strategy

The fundraising working group developed a fundraising strategy to ensure that co-funding for the first phase of the HEAL project was secured in a good time. The fundraising strategy is in 2 main approaches; proactive and reactive approaches. The proactive approach is being done by assessing:

- Donors' interest in OH, Human Health, Animal Health and Production, NRM, Pastoralism
- Donors' interest in Ethiopia, Kenya, Somalia
- Upcoming call/tender that would fit or if a negotiated process is possible
- Past funding record with consortium partners in the last five years.

Several donors have already been identified and the team has already started approaching them with a sales package which includes:

- The HEAL project ToC – what is the vision and how to get there;
- A brief summary of the project objective – leaflet/one-pager/brochure/graphics/visuals;
- The OH 4 HEAL cooperate identity;
- Emphasis on the consortium and the co-funding of SDC;
- Emphasis on HEAL being a niche concept and the first project to embrace OH – joint OH service provision, regional dimension, long-term commitment;
- Emphasis on the bottom-up approach – community and key stakeholders' involvement

The reactive approach has been by responding to call for proposals that have been made by the HEAL consortium or as individual organizations to upcoming USAID and EU funded projects in the region.

3. COVID-19 Preparedness and Awareness activity

COVID-19 was declared a pandemic by the World Health Organization in March 2020. The disease was spreading fast worldwide and thus there was a need to implement critical preparedness, readiness and response activities in the HEAL project sites. Through the HEAL project, recommended guidelines were adapted to the pastoralist setting to prevent the community transmission of COVID-19 and support the control measures being instituted by the regional and local government authorities. The HEAL consortium through the support of SDC was able to allocate some funds from the Inception Phase budget to support

the response to COVID-19 in the project locations. The identified budget amount to 20,962 CHF was used to mainly create awareness among local communities and provide essential facilities to ensure the application of preventive measures recommended by the international community and the national governments.

The HEAL consortium implemented a common intervention strategy that was applied across the three countries with context-based adaptations as required in each project location. This was done to ensure communities were fully engaged and actively participated in the response to COVID-19, according to their needs and perceptions towards the disease and appropriate for the context on the ground taking into account local COVID-19 transmission risks and identification of the most vulnerable to be able to shield them. The established Multi Stakeholders Innovation Platform (MSIPs) were used as entry points to engage with communities or as channels for the dissemination of the key educational messages, playing a critical role in ensuring a community-led response to the emergency. The project implemented activities towards information dissemination and communication for epidemics preparedness and response, to attain risk-based behavioral changes in the targeted audiences. This was achieved through the mobilization of social partners and civil society organizations; behavioral change communication towards community members for hygiene practices. Culturally sound communication and education material were used to ensure all community members regardless of their literacy levels can understand the messages.

This intervention to support the national response to COVID-19 was conducted from May to October 2020 and focus particularly on 2 main outcomes:

- **a.** Awareness creation on COVID—19 among local pastoral communities
- **b.** Enhanced hand-washing practices among local pastoral communities

Conducting COVID-19 awareness-raising in the population by implementing a context-based risk communication and community engagement plan. This was implemented through discussions in the MSIP with community members and community-based leaders (e.g., traditional and religious) as well as by conducting direct community awareness and education activities. Information dissemination was done using print media (posters, stickers and flyers) and community meetings held in collaboration with the zonal/district health office. The MSIPs were trained as community information agents. The training was aimed at raising awareness among the different community groups towards Covid-19 risks and prevention that involves regular washing of hands, social distancing among others. The trainees included water and sanitation committees, HEW (Health Extension Worker) and other Community members including elders, youths, Women and influential religious leaders. The objectives of the training were:

- To protect community health during all infectious disease outbreaks, including the COVID-19 Pandemic.
- To ensure good and consistently applied WASH and waste management practices in communities, homes, schools, market places and health care facilities.
- To prevent human-to-human transmission of COVID-19 virus.
- To promote Social distance and use of Personal Protective Equipment (PPE)
- To clearly identify and outline the referral path and reporting mechanism for suspected cases at the community level.

In Ethiopia, Oromiya Region, VSF-Suisse engaged Borana Scholars Association (BOSA), in social awareness creation campaign against COVID-19. BOSA is formed by University Lecturers volunteers who presented their request for partnership on logistic support to VSF-Suisse for the campaign. Hence, social mobilizations were conducted with this homegrown civic association and district health office.

The following activities were conducted in the COVID-19 preparedness and response action:

1. Supporting the health sector in the HEAL project areas by providing logistical support for disease case search, contact tracing and investigation of rumours. The HEAL project also supported monitoring efforts conducted by the zonal/district health offices to assess behavioural changes among the community and the status of the isolation centres.
2. Through the HEAL project, sanitation materials and PPEs were distributed to health centres, health workers and the community. These included handwashing stations, soap and masks. In Moyale and Yabello, mattresses, pillows and bedsheets were also donated by VSF Suisse to the isolation and quarantine centres. The numbers distributed are as indicated in Table 1 below. All the distributed items were purchased and supplied by ILRI.

Table 2 summary table of items distributed in project areas

Items	Unit	Borena	Moyale	Gedo	Filtu
Soaps for Community	No	2500	2500	2500	2500
Sanitizers for health workers at Health Centers and isolation centers	No	400	400	200	200
Face Masks for community mobilizers and health workers at Health Centers	No	600	700	700	700
Handwashing stations/water containers for health centers, Isolation centers, public spaces)	No	10	10	10	10

3. Conducting COVID-19 awareness-raising in the population through the established MSIPs and other community groups. Following the training given to the MSIPs and key stakeholders, they were able to understand and identify COVID-19 transmission routes, signs and symptoms. With this understanding, and with the knowledge of the needs and perceptions of the community towards the diseases, the groups identified the most suitable messages, means of communication and gathering points where these awareness activities could be carried out. The groups were able to also identify the risky encounter zones and areas where community handwashing stations were then installed. The communities committed to ensuring the proper use of the stations, regularly refilling the water and soap, and ensuring they are not vandalized. Community awareness messaging was disseminated using Information, Education and Communication (IEC) material (posters, flyers etc.) which were in pictorial format and the local language to ensure they were well understood. The number and type of IEC material distributed in the different areas is detailed in table 2 below

Table 3: Information, Education & communication materials distributed in the project areas

Items	Unit	Borena	Moyale	Gedo	Filtu

Banners (1.5 mX1M)	No	20	8	10	10
Posters (50cmX40cm)	No	30	30	20	20
Stickers (10cm*10cm)	No	200	200	160	160
Flyers	No	1000	1000	400	400

COVID-19 situation in the **Filtu woreda** (Somali Region of Ethiopia) is still complex. Despite the several actions taken by the government and the implementing partners, the community seems to be getting used and reluctant to strictly follow the health advices given by experts. Data from the Woreda Health Office indicates that 132 samples have been tested in the district so far, with 4 of them identified as COVID-19 cases and 1 death reported. CCM team continued to support the MSIPs and Influential Leaders in their community engagement activities. They were involved in mobilization and awareness creation activities among local communities, mainly addressing the following topics:

- Disease signs and symptoms
- Prevention methods, including pros and contras and proper use of face masks
- Importance and proper methods of hand-washing
- Importance and meaning of physical distancing

CCM field team hold a discussion meeting with the MSIPs, influential leaders and local authorities to closely monitor the implementation of the activities plan, based on key performance and results. After the one-day orientation workshop on COVID-19, members of MSIPs and Influential Leaders continued their community education activities, organizing 85 community level awareness-raising session in the target kebeles from July to October 2020; it was, thus, reckoned essential to discuss the challenges faced and the results achieved during the community activities. The MSIPs and Influential Leaders reached almost 4,000 people with COVID-19 education sessions, disseminating key preventive messages in local language through megaphones and organizing small-group talks, to address community concerns regarding the disease. The CCM project team conducted supportive supervision activities to follow and support the MSIPs and Influential Leaders directly at community level, discuss achievements and challenges of the awareness activities, and identify solutions to address the main problems.

In Kenya, CCM and its partners were able to support awareness activities on the spread of the pandemic across all the communities target by the OH project. Community awareness activities mainly focused on preventive measures and correct behaviours to limit the spread of the infection. The team also managed to obtain other funds to support Kalacha Sub-County Hospital, which was designated by the Marsabit County Government as one of the isolation centers in response to the COVID-19 pandemic. The OH project supplied Kalacha sub-county Hospital with Personal Protective Equipment for health workers and key essential medical supplies, that allowed improving the safe management of cases. Below is a summary of the items supplied to the hospital. During the reporting period, Kalacha sub-County Hospital had admitted the first case of COVID-19 in Marsabit county and had the highest number of inpatients of COVID- 19 in the county at a time. The admitted patients were attended by the medical team of the hospital and they all recovered and went home. The high level of confidence shown by the hospital staff was attributed to

the fact that the hospital had enough supply of PPEs and the key equipment necessary for disease management.

In Somalia, VSF-Suisse carried out meetings for COVID-19 Stakeholders in Bullahawa and Dollow districts, whose purpose was to brief the local authorities and health sector on the plan to conduct community awareness and prevention measures and provision of IEC Materials to Local Authorities, COVID 19 Stakeholders and MSIPs sites. ToT training on COVID 19- awareness raising was conducted for 10MSIP members from each of the two sites (TulloAmin-Bullahawa and Surgudud-Dollow) for four days on educating the communities on the virus spread, identify the risky encounter zones and areas where community handwashing stations can be installed with community participation, hand washing practice and application of sanitizers and face masks were the major areas covered during the training session. In Somalia, VSF-Suisse, also supported two FM radio stations-for 10 sessions and talk shows on COVID-19 awareness and preventive measures which were carried out by staff from Ministry of Health.

4. Challenges/difficulties faced and how these were addressed

The main challenge faced in the preparatory activities was the prolonged bureaucratic process involved in the approvals of the project in the different regions. The field activities could also not be initiated in any of the region due to the linkage in their preparation and the field teams' collaborations. The prolonged internet outages experienced in Ethiopia also hampered communication between the partners especially during the review and signing of the partnership agreement. This has been addressed by reviewing the workplan with the consortium and the donor with new timelines taking into consideration the actual situation on the ground.

In Somalia, the OH approach is a new concept and more time was needed to familiarize the key stakeholders on the approach and the project before acquiring the project approval. This necessitated the meetings held in Kismayo with the key ministries involved thus taking more time in the process than initially conceived. The insecurity experience in the project areas in Ethiopia and Somalia delayed some of the field activities particularly the data collection activities for the assessments. This also hindered the movement of the staff in the project areas. In Kenya, CCM and its partners experienced some challenges in introducing the project to the Marsabit County Steering Group. The months of September and October 2019, in fact, were characterized by some communal clashes happening in the area of intervention that took the attention of the CSG, delaying a smooth discussion around the project.

COVID-19 pandemic was major challenge encountered during the inception phase. This necessitated changes in the project activities implementation with the addition of the community preparedness and awareness activities needed in the project locations. The restrictions instituted by the national and regional government authorities on movement and meetings also impacted the activities implementation. New working approaches had to be developed to work around these challenges, while at the same time ensuring measures are in place to protect the organization staff and the local communities. In particular, the gathering restrictions imposed by the Ministries of Health (MoH) to control the spread of the disease led to the delays and/or temporary suspensions of activities and related movement. Once the restrictions were uplifted or relaxed, the delayed activities were implemented but with the strict observation of the MOH guidelines on prevention and control measures. In particular, in Kenya, the activities that involved gathering (such as community outreaches and refresher training) were suspended for 3 and 6 months

respectively. One validation workshop with stakeholders for the livestock route mapping planned for April 2020, had to be cancelled because of COVID-19 and will take place during HEAL Phase 1. The report was finalized, but not made publicly available due to potential sensitivities around regional borders, for which the validation workshop is needed. The HEAL partner organizations implemented strict working from home early on of the pandemic as from mid-March. Staff managed to maintain communication and interactions using the internet, thus they were able to join digital meetings and discussions, esp. discussions related to preparing the HEAL phase 1 proposal.

5. Key lessons learnt and recommendations

- In integrated surveys as conducted for the vulnerability assessment, it is important that all enumerators receive all the trainings needed. Such trainings need to include more prominently awareness of gender issues, which is something we aim to address in Phase 1 through targeted capacity development on gender.
- The importance of working closely with community members, actively engaging them in participatory activities that see them as main actors of their own health. The response to COVID-19 has clearly shown that everyone is responsible for the health of the village and everyone has an important role to play. Engagement of community is essential to effectively achieve and maintain a behavioral change;
- We identified gaps and challenges in integrating PRM activities with human and livestock health service delivery as well as found that there are weak communication and coordination between stakeholders on topics related to One Health, clearly, something HEAL will have to address.
- Importance of strengthening the cascade of intervention and linking the local level platform with the regional and national level platforms, to promote a stronger impact of the proposed interventions;
- Importance to maintain and strengthen the collaboration/partnership with partners working on OH/GHSA, to exchange lessons learnt and best practices and have a stronger influence on policy-making processes;
- The security challenge experienced in the inception phase is taken as a lesson learnt going forward. In the Phase 1 of HEAL, we will incorporate a security plan for mitigating this potential identified risk. This will involve active engagement of community through MSIPs for peacebuilding activities. We will also have the crisis modifier in the project budget which can be used for the insecurity mitigation plans;
- The critical relevance of baseline assessment, mapping and gap identification exercises before the implementation, to build more efficient and effective interventions and to assess the progress of key indicators;
- Share lessons learnt and best experience/research findings with stakeholders of different intervention zones, to promote their validation, enhancement and replication.

B. Overarching Issues

1. Coordination/collaboration meetings and information sharing activities conducted during the reporting period

Throughout the inception phase, the consortium members have maintained close and effective collaboration and coordination within the consortium. It is worth mentioning that clear and effective

coordination mechanisms have been put in place, to ease communication and collaboration. The partners actively participate across all project management bodies including the Partnership Board, Steering Committee and Fund-Raising Group. Participation has been punctual and continuous throughout the project period.

Several meetings were also held during the inception phase, partnership board meeting, Steering Committee meetings, proposal development and the fundraising meetings team. These meetings were key in the development and review of the proposal documents. The Partnership Board and/or the project team also held meetings with SDC during the inception phase mainly to update the donor on the project progress, review the proposal and discuss on other key project issues. ILRI particularly supported all meetings as needed: partnership board meetings, the steering committee meeting on ILRI facilitation), working group meetings on the proposal development and resource mobilization and an in person and virtual proposal development meeting with SDC.

HEAL actively participates in the national and regional OH Task Force meetings, to strengthen the partnership with other OH initiatives. This is always an excellent occasion to strengthen and reinforce coordination and collaboration mechanisms, within and beyond the Consortium. In March 2020, the HEAL team arranged and visited the EPHI Rabies One Health Unit in Addis Ababa to gather information and experience to develop an SOP for One Health Units (OHUs).

The HEAL Community of practice was launched with webinars. A HEAL YouTube channel was set up to compile the different HEAL webinars coming out of the community of practice. In collaboration the consortium members worked on the content for the HEAL website and the website is now live (www.oh4heal.org). Tweeter page was also setup for the HEAL project and tweets about HEAL were regularly sent.

ILRI staff contributed to various fundraising activities: meetings of the HEAL fundraising working group, work on proposals (p.e. BAA, Co-IMPACT, RESET+, etc), and initiated internal discussions for co-funding of the HEAL CoP through the ILRI-OH centre OHRECA and co-funding to other activities through CGIAR research program on Livestock. OHRECA is also covering the ILRI-related costs to bridge the budget gap from September to October until HEAL phase 1 starts and provided additional funding to support purchase of supplies for OHUs in Ethiopia and Kenya and funded staff to conduct a more in-depth study on gender in One Health.

Moreover, strong collaboration was maintained with respective government, non-government agencies as well as community members in three countries.

2. Narrative finance report

Detailed financial report is attached as an annex.

3. Emerging cross-cutting issues: (gender issues, conflict management, MEAL etc.)

COVID19 was one of the pertinent issues in the inception phase. From HEAL sites there was a request for response. Therefore, the HEAL partners reviewed the existing budget and made efforts to be able to accommodate expenses for the COVID19 response. ILRI coordinated the procurement of all the required COVID19 PPE materials and other needed equipment's for this response. The logistical arrangement for the delivery was done in collaboration with VSF and CCM in all the HEAL sites.

For the mapping exercise in this phase, the lack of official recently updated maps to facilitate mapping exercises was a technical challenge. Having to rely on dated maps created suspicions from the side of communities as issues of boundary are highly politicized and often a cause for conflicts. To alleviate this, a lot of sensitivity from our side and careful proactive communication during community meetings was needed and helped to ensure smooth project implementation.

There was poor representation of women in the project launching workshop in Dollow: Out of the 22 participants, only two were females-both from representing NGOs. No women participants were drawn from the local community. This matter needs to be addressed as we move forward with project implementation. During resource mapping women were not allowed to participate in mapping mostly dominated by men.

4. The security situation in the working area (incidences reported, date and site, the implication on the work, mitigation strategy)

There were several incidents in Borana where defense forces had encounters with armed groups and this has somehow constrained free movement of staff. Tensions in the Oromia region raised security alerts and this forced rescheduling field visits. Through communications with partners on the ground, we were able to conduct the PRM validation workshops and livestock routes mapping sessions successfully. In addition, bringing in the Somalia team fully to engage them in the PRM and Livestock routes mapping was difficult due to high and changing security contexts and due to people lacking legal documents to support their travel to Kenya and Ethiopia. Despite prior communication to invite them to Ethiopia to share experiences from Filtu and Moyale, the team was not able to travel to attend the sessions. A potential mitigation strategy will be sending experienced staff from consortium partners to Gedo to share their experiences arranging prior refreshment sessions.

In August 2019, two incidents with several people killed (at least 8) happened in North Horr sub-county (Marsabit county of Kenya) at the border with Ethiopia in a remote area that is part of the project area. The traditional intercommunal tension was exacerbated by the reduced resources (water and pasture). Activities were temporarily suspended in the affected area. Tension also moved to the County capital Marsabit. By December, the situation went back to normal conditions and no major security issues have been reported since then. In Somalia, several security incidences occurred in the HEAL project areas that impacted the field activities. In January 2020, all flights to the Gedo region were suspended and the government deployed troops to Luuq, Dollow and Bulla Hawa after reports that an escaped prisoner (former government official) and troops loyal to him were spotted in the region. There were clashes between Jubbaland militia and the Somali national army in Bulla Hawa in February 2020 which increased tensions in the area. There was an Al-Shabaab attack on the 8th of August 2020 at a military base in Luuq town leading to the death of one government soldier and 2 al-Shabaab militants. On the same night, the insurgents also attacked Qansahley of Dollow town and killed one civilian. In the same month of August, there was 2 improvised explosive device (IED) explosions targeting government officials' convoys in Bulla Hawa. To mitigate against all these security challenges, the organization staff stay away from the areas of incidences and adhere to the security and safety protocols.

VSF-Suisse adopts a conflict-sensitive programming in the fragile conflict context that exists in Somalia. The organization also works closely with local authorities, community leaders, communities and local organizations. The local institutions will provide a crucial link between the pastoral and agro-pastoral communities and VSF-Suisse. Besides, VSF-Suisse staff on ground in the two districts report any security incidences when it occurs to enable management to take appropriate action. VSF-Suisse is also part of the coordination networks where security information is shared and appropriate advice and guidelines provided on how to deal with emerging issues. VSF-Suisse has a safety and security plan for Gedo which all staff have to adhere to most of field staff are local or Kenyan Somalis, which helps reduce the risk of being targeted by extremist groups

5. Outlook of the consortium

The relationship between consortium members in this project remained very strong with good collaboration and regular communication despite challenges due to COVID-19 restrictions for group gatherings. We have made several joint planned activities for the HEAL inception phase and the HEAL phase-1 by using an online/ virtual platform. There were regular meetings online to update and monitor the progress of each of our planned activities. In addition, in these discussions, we also shared any challenges, and discussed mitigation and solutions. The learning from each other was essential and was a key factor to produce a successful proposal for HEAL phase 1.

The 3 partners organizations (CCM, VSF and ILRI) complement each other in terms of their organizational experience and expertise in the HEAL project implementation. So far, the implementation of HEAL has demonstrated an excellent opportunity to learn from each other and build on the good professional mix of the working team.

The coordination mechanisms established at the beginning of the project allow a good level of transparency, collaboration and sharing of information and data. Through the first months of implementation, the collaboration and multi-disciplinary dimension of the project are getting stronger and more and more effective. work closely with CCM. VSF-Suisse has supported CCM to register with the Jubbaland authorities, which now allows CCM to operate in Gedo and throughout Jubbaland.

6. Testimonials from the project stakeholders/beneficiaries and media

Testimonials attached as an Annex 12