



MARSABIT COUNTY ONE HEALTH STRATEGIC PLAN 2024-2029

MARSABIT COUNTY ONE HEALTH STRATEGIC PLAN FOR THE PREVENTION AND CONTROL OF ZOOONOTIC DISEASES (2024 -2029)

Department of Agriculture Livestock and Fisheries,
Department of Health Services, and Department of Water,
Environment and Natural Resources

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Contents

List of Abbreviations	VI
Foreword	VII
ACKNOWLEDGEMENTS	VIII
EXECUTIVE SUMMARY	X
Key Strategies	XI
1.0 INTRODUCTION	1
1.1 Overview	1
1.2 Development Process of the Marsabit County One Health Strategic Plan	1
1.3 situational analysis	2
1.4 County Profile	2
1.5 Burden of Zoonotic Diseases in Marsabit County	4
1.6.0 County Disease Surveillance System	5
Main Challenges to be addressed by COHU	6
1.8) Institutional and coordination Framework	6
Proposed Organizational Structure of Marsabit County One Health Units	7
Policy and Legal Frameworks	8
2.0) PESTEL and SWOT Analysis	9
Table 1. PESTEL Analysis results for the OH strategic plan for prevention and control of zoonotic diseases and other priority OH issues in Marsabit County.	10
Impact on OH implementation	10
2,1 SWOT Analysis	11

3.0: THE STRATEGIC PLAN: GOALS AND OBJECTIVES ----- 12

3.1 Vision, Mission and Goals ----- 13

3.2 Core values and Guiding Principles ----- 13

3.3 Strategic Framework ----- 14

Strategic framework for implementation of One Health approach ----- 17

Strategic Objective 2 Strengthen prevention, surveillance, response and control of priority zoonotic diseases and other OH issue ----- 23

Strategic Objective 3 Promote Applied Research using the OH Approach ----- 29

4.0: IMPLEMENTATION FRAMEWORK ----- 30

4.1 OVERVIEW ----- 31

4.2. RESOURCE MOBILIZATION PLAN AND MANAGEMENT ----- 31

4.3 Key Components of resource mobilization. ----- 31

4.4 COMMUNICATION PLAN ----- 33

Objectives ----- 33

Target Audience ----- 33

Key Messages ----- 33

Partnerships ----- 33

4.5 RISKS ANALYSIS AND MITIGATION MEASURES ----- 34

5.0: MONITORING, EVALUATION AND REPORTING ----- 35

5.1 MONITORING AND EVALUATION ----- 36

5.2 Overview ----- 36

5.3 Monitoring Implementation of the Strategic Plan ----- 36

5.4 Evaluation of the Strategic Plan ----- 36

5.5 Reporting ----- 37

5.6 Linkage between the Strategic Plan and Performance Contracts -----	37
Monitoring and Evaluation Framework: Strategic objective 1: strengthen implementation of one health approach in the county -----	38
Monitoring and Evaluation Framework: Strategic Objective 2 Strengthen prevention, surveillance, response and control of priority zoonotic diseases and other OH issues -----	39
Monitoring and Evaluation Framework: Strategic Objective 3 Promote Applied Research using the OH Approach -----	42
Appendices -----	42
Appendix 1. List of contributors -----	42
Appendix 2. Detailed Stakeholder Analysis -----	43
Acknowledgement -----	45

List of Abbreviations

ADH – Aktion Deutschland Hilft
AMR – Antimicrobial Resistance
ASAL – Arid and Semi-Arid Lands
BMZ – Federal Ministry for Economic Cooperation and Development
CDR – Community Disease Reporters
CGPP – Core Group Partners Project
CHP – Community Health Promoters
CIDP – County Integrated Development Plan
COHU – County One Health Unit
CRS – Catholic Relief Services
CTWG – County Technical Working Group
DoALF – Department of Agriculture, Livestock and Fisheries
DoH – Department of Health
FAO – Food and Agriculture Organization of the United Nations
FCDC – Frontier Counties Development Council
ILRI – International Livestock Research Institute
KWS – Kenya Wildlife Services
MOH – Ministry of Health
MOU – Memorandum of Understanding
OH – One health
PACIDA – Pastoralist Community Initiative development and Assistance
PHEOC – Public Health Emergency Operation Centre
RVf – Rift Valley Fever
TOR – Terms of Reference
UNEP – United Nations Environmental Program
USAID – United States Agency for International Development
WHO- World Health Organization
WOAH – World Organization for Animal Health
WSU – Washington State University
ZDU – Zoonotic Disease Unit
CECM - County Executive Committee Member

Foreword

The health of our community is intrinsically linked to the health of our animals and environment. Recognizing this interconnectedness, we are proud to present the Marsabit County One Health Strategic Plan (2024-2029). This plan represents our commitment to a holistic approach to health, integrating human, animal, and environmental health to create a more resilient and sustainable future for all residents of Marsabit County.

The One Health approach is not just a strategy; it is a paradigm shift in how we understand and address health challenges. By fostering collaboration across sectors, we aim to enhance our capacity to prevent and control diseases, improve food safety, and promote environmental sustainability. This strategic plan outlines our vision, mission, and objectives, providing a roadmap for coordinated action and shared responsibility.

We extend our gratitude to all stakeholders, including government agencies, academic institutions, non-governmental organizations, and community members, whose contributions have been invaluable in the development of this plan. Your dedication and collaboration are the cornerstones of our success.

As we embark on this journey, we are confident that the One Health approach will lead to significant improvements in the health and well-being of our community. Together, we can build a healthier, safer, and more sustainable Marsabit County.

H.E. Mohamud Mohamed Ali, EGH



Governor Marsabit County

ACKNOWLEDGEMENTS

The development of this One Health Strategic Plan for Marsabit County would not have been possible without the collaborative efforts and invaluable contributions of numerous stakeholders. The County Government of Marsabit extends its heartfelt gratitude to all those who dedicated their time, expertise, and resources to this critical initiative.

First and foremost, we thank the leadership of Marsabit County, particularly the County Governor and County Executive Committee Members for Health services, Agriculture, Livestock, and Fisheries development and Water, Environment and Natural Resources, for their visionary guidance and unwavering support throughout this process. Their commitment to the One Health approach has been instrumental in aligning our county's efforts toward a more integrated and effective management of health challenges at the human-animal-environment interface. Our sincere appreciation goes to the technical teams from various county departments, including Public Health, Veterinary Services, Wildlife Conservation, and Environmental Management. Their cross-sectoral expertise and willingness to work beyond traditional boundaries have been pivotal in crafting a comprehensive and cohesive strategic plan.

We are deeply indebted to our national partners—the Ministry of Health, Ministry of Agriculture, Livestock and Fisheries, and Ministry of Environment and Wildlife—for their technical guidance, policy direction, and resource support. Their collaboration underscores the importance of vertical integration in the One Health framework. Special recognition is due to our international partners, including USAID, Merck Family Foundation, BMZ and ADH for providing the funds and technical assistance. We also thank non-governmental organizations such as FCDC, AMREF AFRICA, CRS/CGPP, MALTESER INT., PACIDA and other partners for their on-ground support and community engagement initiatives.

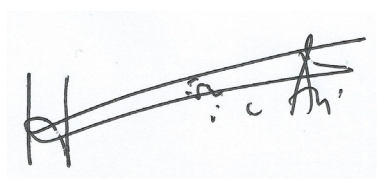
Our gratitude extends to the research institutions and universities that have contributed evidence-based insights, particularly Zoonotic Disease Unit., ILRI, WSU, University of Nairobi's Institute of Tropical and Infectious Diseases, Kenya Agricultural and Livestock Research Organization. Their research findings have significantly informed our strategic priorities.

We acknowledge the pastoralist communities, Community Health Promoters, Community Disease Reporters, and local leaders across Marsabit County. Their participation in consultative forums, sharing of traditional knowledge, and commitment to being agents of change in their communities are the bedrock of this plan's success.

Lastly, we thank all county staff, administrative personnel, and logistical teams who worked tirelessly behind the scenes to organize meetings, compile data, and produce this document. This strategic plan is a testament to the power of collaboration across sectors, levels of government, and international boundaries. As we move forward in implementing this One Health approach, we remain grateful for the collective wisdom and shared commitment that has brought us to this point.

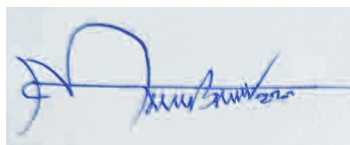
Together, we will build a healthier, more resilient Marsabit County.

Hon. Hussein Ali Fundi



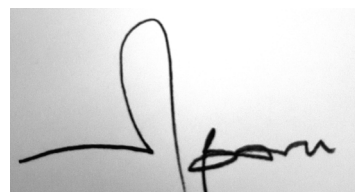
CECM Agriculture
Livestock and Fisheries

Hon. Malicha Wario Boru



CECM Health Services

Hon. Grace Galmo



CECM Water, Environment
and Natural Resources

EXECUTIVE SUMMARY

Introduction;

Marsabit County, one of the largest counties in Kenya, faces unique challenges at the intersection of human, animal, and environmental health. Its vast, arid landscape is home to pastoralist communities whose livelihoods are intrinsically tied to their livestock. This One Health strategic plan 2024-2029 aims to holistically address the county's health challenges by fostering collaboration among human, animal, and environmental sectors. It outlines the comprehensive approach to addressing the interconnected health challenges affecting humans, animals and the environment. The plan is designed to enhance collaboration and coordination across sectors to improve health outcome and promote sustainable development within the county.

Vision:

To control spread of zoonotic diseases, other One Health related issues and their threats to ensure resilience of humans, animals and the environment in the county.

Mission:

To strengthen multi-agencies collaborations through one health approach to effectively prevent, control spread and eradicate zoonotic diseases and other OH related issues in the county.

Strategic Objectives;

1. Strengthen implementation of one health approach in the county
2. Strengthen prevention, surveillance, response and control of priority zoonotic diseases and other OH issues
3. Promote Applied Research using the OH Approach

Situation Analysis;

Marsabit's semi-arid climate makes it vulnerable to drought and climate change, impacting both human and animal health. The county's pastoralist lifestyle leads to close human-animal interaction, increasing the risk of zoonotic diseases

Key issues include:

- >High prevalence of zoonotic diseases (e.g., brucellosis, rift valley fever etc)
- >Food insecurity due to crop failures and livestock losses
- >Limited access to healthcare and veterinary services
- >Human wildlife conflict
- >Climate change and environmental degradation from overgrazing
- >Water scarcity affecting human and animals

Key Strategies

1) Implementation of one health approach in the county: Reducing the burden of zoonotic diseases (emerging and re-emerging) and other OH issues through coordination and collaboration mechanisms between departments responsible for human, animal (livestock and wildlife) and environmental health, alongside other stakeholders. This plan will employ the strategies outlined below to establish coordination and collaboration mechanisms at the county, Sub County and community levels

2) Strengthen prevention, surveillance, response and control of priority zoonotic diseases and other OH issues: Data-driven prevention, response and control strategies are necessary to establish and reduce the burden of zoonotic diseases, which depend on active disease surveillance systems. While medium to long-term building efforts are ongoing, there will be a need to respond to emergencies arising from outbreaks of known zoonotic diseases, and those of unknown etiology.

3) Promote Applied Research using the OH Approach: Applied research provides required evidence for interventions and policy directions with regard to zoonotic diseases prevention and control.

Governance and Coordination;

The coordination and implementation of the one health strategic plan will be anchored on the existing county one health governance structures. At both the County and sub-county levels, One Health Units will work through County and sub-county Coordinating Committees to implement the plan. This unit will oversee implementation, ensure cross-sectoral collaboration, and engage with community leaders and other stakeholders.

Resource Requirements;

Estimated budget of KES 332 million over five years, covering staff, infrastructure, equipment, and program activities. Funding will be sought from the county government, national government, development partners.

Conclusion;

This One Health strategic plan provides a roadmap for Marsabit County to tackle its complex health challenges through integrated, cross-sectoral action. By recognizing the interdependence of human, animal, and environmental health, the plan aims to build a more resilient, healthier future for all of Marsabit's inhabitants.



1.0

INTRODUCTION

1.1 Overview

The One Health approach is a collaborative, multi-sectoral, and transdisciplinary effort to address the interconnected health of humans, animals, and the environment. It recognizes that the health of these three domains is inextricably linked, and that a coordinated, holistic approach is necessary to effectively prevent and control zoonotic diseases (diseases that can be transmitted between animals and humans).

The growing health challenges and the far reaching economic impact of zoonotic diseases can be addressed by a one health approach. Globally at least 75% of emerging infectious diseases of humans have animal origin while 60% of existing human infectious diseases are zoonotic. Out of five new human diseases that appear every year, three are of animal origin. Of all the agents with potential bioterrorist use, 80% of are zoonotic pathogens. The greatest burden of zoonoses falls on one billion poor livestock keepers. An International Livestock Research Institute study shows that zoonotic diseases are major obstacles in pathway out of poverty for one billion poor livestock keepers. The 13 zoonotic diseases mapped causes 2.4 billion incidences and kills about 2.2 million people and affects more than 1 in 7 livestock globally every year

In the recent years, outbreaks of zoonotic diseases particularly those that are trade sensitive and of economic importance like Rift Valley Fever (RVF) has had the greatest impact on livestock productivity and human health resulting in substantial economic losses for pastoralist communities in Marsabit County, exacerbating poverty and food insecurity. In view of the above and to address the challenges of zoonotic disease burden Marsabit County has developed this 5-year strategic plan to guide the establishment of the county one health unit, provide for the governance structure and implementation of one health approach in prevention and control of zoonotic diseases.

1.2 Development Process of the Marsabit County One Health Strategic Plan

Marsabit County successfully established and operationalized its County One Health Unit (COHU) through a series of coordinated efforts between the County Government and key partners, including FCDC, CRS/CGPP, AMREF Africa, PACIDA/Malteser International. Several coordination meetings were held, during which stakeholders collectively reviewed the draft Memorandum of Understanding (MoU) and Terms of Reference (TOR). These discussions led to the formation of the Marsabit County One Health Technical Working Group (TWG) and the County One Health Steering Committee (CSC). The TWG and CSC were then trained in line with the nationally accepted training curriculum developed by the Zoonotic Disease Unit (ZDU) on One Health approach.

The journey to develop the Marsabit County One Health Strategic Plan began in May 2024. The five-year strategic plan was designed to guide the implementation of One Health activities, establish a governance structure for the COHU, and outline funding mechanisms from different sectors and actors involved in the One Health approach. After significant progress, the first draft of the plan was completed, and a clear roadmap was set to finalize the strategic plan by the end of August 2024. Despite a temporary delay due to unforeseen circumstances, the process was revived with renewed commitment from stakeholders. Subsequent meetings resulted in the completion of the strategic plan ahead of World One Health Day on 3rd November 2024.

1.3 situational analysis

This section highlights the context in which the One Health strategic plan will be implemented.

1.4 County Profile

Marsabit County is located in the extreme part of northern Kenya and lies between latitude 02°45' North and 04°27' North and longitude 37°57' East and 39°21' East. The county has a total area of 70,961.2 km², it is the biggest county in Kenya by land mass. It has an international boundary with Ethiopia to the north.

1.4.1 Population Size, Composition, and Distribution

Over the years, Marsabit County has experienced rapid population growth. In 2009, the total population of Marsabit County was 291,069 persons that is 151,061 males and 140,011 females, while in the last census of 2019, the total population was 459,785 persons, comprising 243,548 males and 216,219 females. Over 10 years, the total population grew by 168,716 constituting a growth rate of almost 58%. From the demographic summary of the population, the proportion of males to females is still high across most of the cohorts. The youthful population of the county below the age of 19 is more than half the total proportion of the population accounting for 58% of the total population. This shows that the county requires urgent investment in education, health, nutrition, and water to avoid strain on the existing investments. Population growth should also be managed to allow for a sustainable growth pattern. Population distribution by special age group as shown below is very important for planning purposes. It usually helps policymakers put in place strategies to address age-specific needs and address issues like mortality for children below 5 years old, education for school-age children, the labor force, and the dependent population.

1.4.2 Physical and Topographic Features

The County falls within an arid and semi-arid area which constitutes an extensive plain lying between 300 and 900m above sea level, sloping gently towards the southeast. The plain is bordered to the west and north by hills and mountain ranges and is broken by volcanic cones and calderas. The most notable topographical features of the county are Ol Donyo Ranges (2,066m asl) in the southwest, Mt. Marsabit (1,865m asl) in the central part of the county, Hurri Hills (1,685m asl) in the northeastern part of the county, Mt. Kulal (2,235m asl) in the northwest and the mountains around Sololo-Moyale escarpment (up to 1,400m asl) in the northeast.

1.4.3 Climatic Conditions

Most parts of the county are arid except high altitude areas around Mt. Marsabit, Mt. Kulal, Hurri Hills, and the Moyale Sololo escarpment. The county experiences tropical climatic conditions with extreme temperatures especially in the lowlands (40 °C in Laisamis and North Horr Sub-Counties) with mild conditions ranging from 15 °C to 26 °C in areas with higher elevations, such as Mt. Marsabit, Mt. Kulal and Moyale. Rainfall ranges between 200 and 1,000mm per annum and its duration, amount, and reliability increases with the altitude. North Horr (550m) has a mean annual rainfall of 150mm; Mt. Marsabit and Mt. Kulal are 800mm while Moyale receives a mean annual rainfall of 700mm. The long rainy season starts from October to December, while the short rainy season begins from March to May annually. However, the seasonal patterns have been disrupted by human-induced climate change, and today the county experiences erratic rainfall patterns such as drought and floods.

The prolonged spell of rain has caused flooding in some regions, leading to the creation of overgrown vector breeding sites. This has resulted in a significant increase in the vector population, which has led to outbreaks of zoonotic diseases. A notable example of such an outbreak occurred in February 2024 in Marsabit, where the continuous rainfall that lasted from October to December of the previous year caused an outbreak of Rift Valley Fever (RVF). The RVF outbreak led to the death of several animals and resulted in five confirmed human cases. The situation highlights the need for one health approach to prevent the spread of zoonotic diseases, particularly during periods of prolonged rainfall.

1.4.4 Ecological Conditions

Marsabit County lies in four main agro-ecological zones: The Agro-ecological Zone II (Forest Zone, Sub-Humid to Humid) is characterized by high rainfall amounts of up to 1000mm per annum, low evapotranspiration and high suitability for agricultural activities. The soils are suitable for agricultural production. The zone includes parts of Mt. Marsabit above 1500m above sea level and Mt. Kulal is 1700m above sea level, which supports dense evergreen forests. It's an important water catchment area covering an area of just about one percent of the county. The Agro-ecological Zone IV Woodland, Semi-Arid) is semi-arid with medium potential. The zone has become an area of sedentarized agro-pastoral activities. It constitutes the lower slopes of Mt Marsabit, the middle slopes of Mt Kulal, and the top of Huri hills. Also included are areas of Sololo and Moyale.

The Agro-ecological Zone V (Bushland – Arid) includes the lower slopes of volcanic and basement piles lying between 700 and 1000m above sea level. The soils are shallow and stony with rock outcrops as well as clay loams. The flatter areas are covered by grass. The zone consists of the plains of Diid Galgallu, Kaisut plain, Malgis, and parts of the slope of Mt Marsabit and Huri hills. These areas are characterized by steeper slopes that may favor greater surface runoff and hence may experience greater sheet wash erosion. The Agro-ecological Zone VI (Dwarf shrublands, Very Arid) is the most extensive zone in the county. The typical vegetation is dwarf-shrub grassland or a very dry form of bushed grassland. In the very dry areas, it may be properly termed as "bushed stone-land". It includes all the hills and plains below 700m above sea level. The grazing season in these areas is extremely short, lasting not more than two months after the rains. The only vegetation available in this area is dwarf-shrub which supports goats and camels but not cattle.

1.5 Burden of Zoonotic Diseases in Marsabit County

1) Brucellosis: Brucellosis survey 2013, 2022 by J Mwema, 2023 by James Akoko, 202-24 a longitudinal study by WSU is ongoing. In 2022, WSU carried out a thorough cross-sectional study in a pastoral community situated in Marsabit County. The study revealed that brucellosis, a bacterial infection commonly associated with livestock, is endemic within the pastoral community. Furthermore, the study found that there is a significant correlation between animal and human brucellosis seropositivity in households, thereby posing a potential occupational hazard. As a result, the study recommends that it is necessary to conduct public health sensitization and implement sustained human and animal brucellosis screening programs to curb the spread of the disease.



2) Mers-COV: In May of 2019, a study was conducted that revealed a high prevalence of Middle East Respiratory Syndrome Corona Virus (MERS COV) among camels in Kenya and other African countries. With over three million camels located primarily in the arid northern part of the country, Kenya was of particular interest in this study. Collaborators from CDC Kenya and KEMRI sought to determine whether individuals who were exposed to camels (with a 90% seroprevalence) at the household level had any evidence of infection. Surprisingly, none of the 760 people tested showed any evidence of

previous exposure to MERS COV, despite their well-characterized exposure to camels and camel products such as milk.

To explore the possibility that a less transmissible strain of MERS COV is circulating in camels in Kenya, a new study has been initiated by WSU to detect and isolate the virus strain. The isolated strain will be compared to strains found elsewhere. In addition, there will be enhanced surveillance of respiratory illness in Marsabit, where camel pastoralists reside, to identify any cases in humans. In the context of one health emerging disease MERS COV surveillance is highly recommended.

3) RVF: Initially identified in Kenya's Rift Valley in 1931, RVFV is a mosquito-borne phlebovirus that infects humans and ungulates, including cows, goats, and sheep. The virus causes a wide range of health effects in animals and humans, from mild illness to life-threatening hemorrhagic disease, encephalitis, hepatitis, kidney injury, and retinitis, with spontaneous abortions having been reported in animals. In Marsabit, RVF is a priority zoonotic disease because of the high morbidity and mortality, frequency of outbreak events, and socioeconomic impacts during outbreak events. In the 2018 outbreak, Marsabit County had the highest CFR of 38%. The latest outbreak occurred in January 2024 affecting both human and animals particularly in Northhorr and Moyale Sub-counties.

Visceral Leishmaniasis (Kala-azar): Visceral Leishmaniasis (VL) has been a significant public health issue in Marsabit County, over the past few years. Marsabit County experienced a notable outbreak of VL in 2014, with 136 confirmed cases. The majority of these cases were males with a median age of 17 years. Another surge in cases was reported in 2017, with 104 cases and 3 deaths by June of that year. The county has faced challenges in case monitoring and management, with inadequate training for healthcare workers and insufficient distribution of treatment guidelines. Efforts have been made to improve diagnostic capacity and case management training.

1.6.0 County Disease Surveillance System

1.6.1 Surveillance in Humans

Local health facilities report human diseases to sub-counties where data is entered into a web-based database. (At the community level the data are collected by CHPs/CDRs to local health facilities) The data is captured using designated forms. The reporting frequency for health facilities is weekly for outbreak-prone diseases, and monthly for other diseases. These reports are fed into the KHIS2 which is linked to the overall Health Management Information System (HMIS).

1.6.2 Surveillance in Animals

The County Department of Veterinary Services (CDVS) is mandated to conduct surveillance for notifiable diseases in the animal health sector. Using designated Notifiable Disease (ND1) forms and zero report forms, all the technical animal health officers routinely fill and submit reports to the County Director of Veterinary Services who in turn transmits to the Veterinary Epidemiology and Economics Section (VEES) at the DVS national level. Community disease reporters also report syndromes to CDVS through digital platform (Kenya Animal Biosurveillance System).

In addition, meat inspectors carry out food-borne disease surveillance at slaughterhouses and notify the DVS of suspect cases of notifiable diseases. Concerning wildlife, the Kenya Wildlife Services (KWS) undertakes opportunistic surveillance by investigating morbidity and mortality events in wildlife across the country. KWS compile these data and reports these events to the CDVS. The types of reports submitted include monthly narrative reports, notifiable and OIE-listed disease reporting forms, radio and telephone calls, and rumour logs. The sources of data include farms, slaughterhouses, and markets, among others.

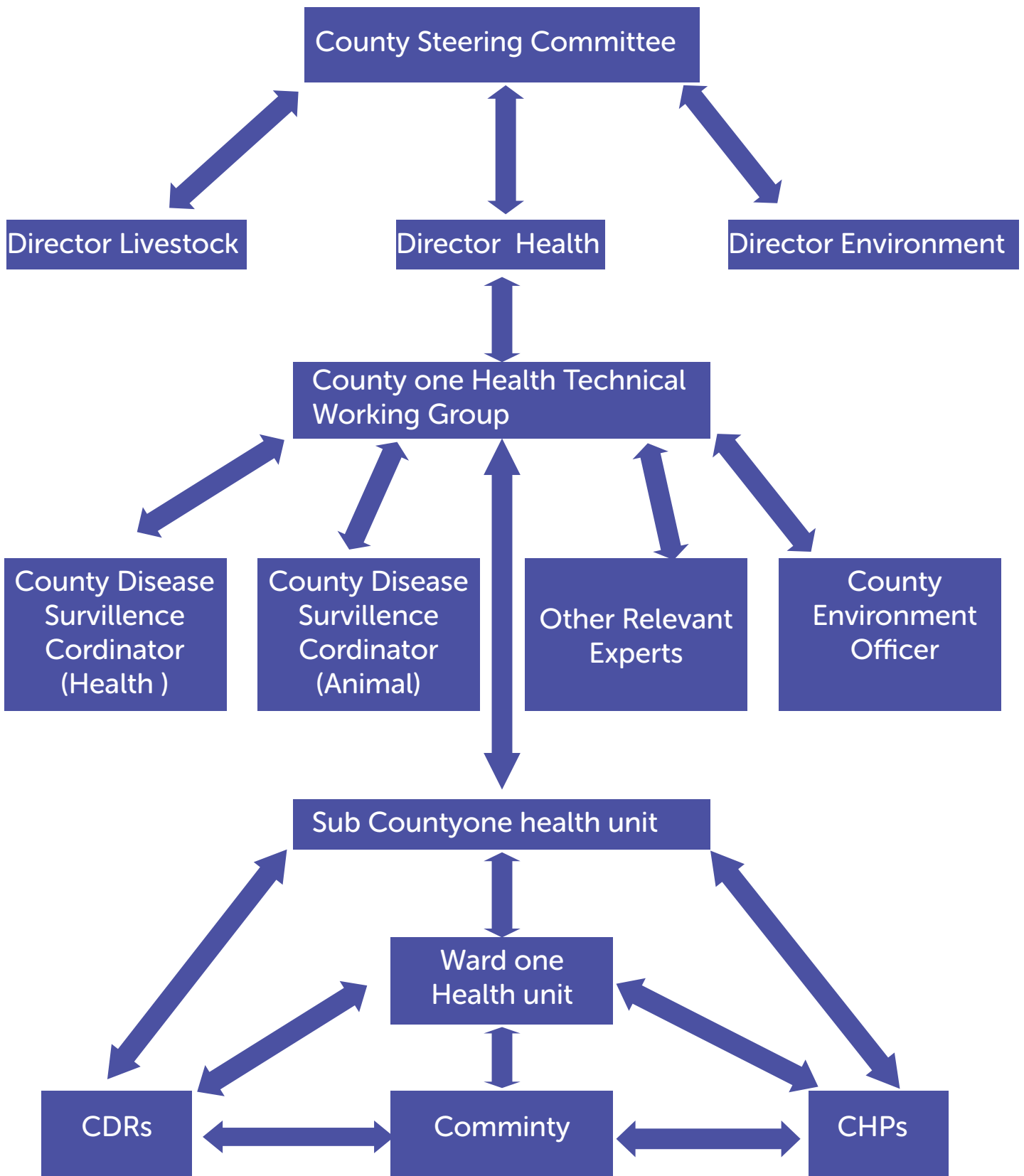
Main Challenges to be addressed by COHU

The devolution of health and veterinary services under the new constitution made it necessary for the establishment of Marsabit County One Health Units (COHU) to address the following existing challenges:

- Inadequate One Health policy provisions at the county
- Inadequate resource allocation for surveillance, disease reporting, and laboratory diagnosis services
- Fragmented and disconnected governance of sectors responsible for health, animal health, and environment
- Slow adoption of the One Health approach at the sub-county level.
- Lack of incorporation of environmental health into the mainstream One Health approach. Lack of advocacy
- Inadequate numbers of trained experts in One Health approach
- Under-recognition and inadequate understanding of the economic benefits of the One Health approach
- Lack of proper coordination, collaboration, and communication among relevant health departments
- Sustainability of One Health initiatives by the county in collaboration with donors and partners

1.8) Institutional and coordination Framework

The One Health strategic plan for the prevention and control of zoonotic diseases, AMR will be implemented by the County DoH and DoALF in close collaboration with the Department of Environment and Climate Change and Kenya Wildlife Service (KWS) and incorporate other relevant departments on a need basis. The coordination of the implementation will be anchored on the existing county technical working group and COHU. At the County and sub-county levels, One Health Units will work through County and sub-county Coordinating Committees to implement the plan. The current strategic plan foresees stronger integration of ecosystem and environment expertise into the COHU to enhance the impact of the One Health approach. To implement the current One Health strategic plan, the MoU forming COHU will be reviewed and the management structure revised, to enhance department of Environment and climate change involvement. The current structure of COHU/CTWG and the proposed new organizational structure are presented below in (Figure 1).



Proposed Organizational Structure of Marsabit County One Health Units

Policy and Legal Frameworks

At present, there is no specific policy or law that directly formalises the One Health concept. Nevertheless, its principles are deeply embedded in the Kenya Health Policy 2014-2030 and the Kenya Health Sector Strategic Plan 2018-2023 as well as the Marsabit County Health Services Act 2015, Marsabit county climate change adaptation policy 2019, Marsabit county climate change fund Act 2020 and Marsabit county climate change action plan 2023-2027. The heavy burden of zoonotic diseases in the county has further underscored the critical role of the One Health concept in coordinating responses, highlighting the need for legislative anchoring. Consequently, there is a pressing need for the development of policies to guide Public Health Emergency Management (PHEM) and the enactment of specific laws to incorporate One Health approach. In the absence of a dedicated legal framework, the governance of the One Health concept is conducted through a combination of various legislations and policies, including the Constitution of Kenya 2010, Health Act 2017, Food, Drugs and Chemical Substances Act (Chapter 254), Meat Control Act (Chapter 356), Public Health Act (Chapter 242), Animal Disease Act (Chapter 364). The International Health Regulations (IHR) 2005, and the National Emergency Response Plan 2014, and the Zoonotic Disease Unit (ZDU) among others. This strategy borrowed heavily from the national one health strategy (2021-2025) for the prevention and control of zoonotic diseases which was developed by ZDU.

1.10 Stakeholder Analysis

(Table attached in the Appendices)



The County Government of Marsabit and its partners facilitated the treatment of camels at Shegel village, North Horr Sub-county in Marsabit County. Camels are a strategic asset for communities in the county.



2.0) PESTEL and SWOT Analysis

The prevailing Political, Economic, Social, Technological, Legal and Environmental factors (PESTLE) that would impact the implementation of the One Health strategy to prevent and control zoonotic diseases and other OH issues in Marsabit County were analyzed. Furthermore, One Health implementation's strengths, weaknesses, opportunities, and threats (SWOT) were identified. These analyses informed the development of this strategic plan and are presented below in Tables 1 & 2

Table 1. PESTEL Analysis results for the OH strategic plan for prevention and control of zoonotic diseases and other priority OH issues in Marsabit County.

	PESTLE Factors	Impact on OH implementation	Recommendation for OHSP
Technology	Rapid development and change in ICT technologies	nability to keep up with the required changes	Staff capacity development; continued professional development via on job training
	Use of ICT applications in OH implementation	Possibility for Improved disease surveillance, prevention and response using technology	Invest in most result-oriented and user-friendly technology in zoonotic disease prevention and control and other OH activities Strengthening of Community based surveillance
Environmental	Climate change	Extreme weather pattern shifts and shocks associated with increased incidence of zoonotic disease outbreaks	Enhance resilience, disaster preparedness and management Streamline close collaboration with Metrological department and other EWS Develop risk communication plan in the communities
	Environmental degradation and Pollution	Increased incidence of diseases	Involve environmental experts, authorities and communities in implementation of the one health strategic plan
	Increased human-wildlife interactions and conflict	Increased incidences and burden of emerging and re-emerging zoonotic diseases	Adopt and distribute guidelines on Land use planning in collaboration with Environment department, KFS and wildlife
	Global Environmental degradation	Increased propagation and transboundary spread of zoonotic diseases	Collaborate with National and other Counties in addressing health agendas
Legal	Competition with other priorities in the County Assembly calendar	Delay in debate and passing of veterinary medical and Environment policies and bills relevant to OH	Lobby the appropriate County Assembly committees
	Inadequate legislative framework	Gaps in existing laws may hinder One Health implementation	Advocate for review of existing County bills to support implementation of one Health in prevention and control of zoonotic diseases

2.1 SWOT Analysis

SWOT Analysis for the prevention and control of zoonotic diseases using a One Health approach

2.1.1 STRENGTHS

- Existence of PHEOC
- Multi-sectoral coordination and collaboration

Existing surveillance systems for diseases in health and animal sector

- Existence of multi-sectoral Rapid response team
- Skilled human resources available at county level to spearhead OH approach
- Existence of regional public health laboratory
-

2.1.2 WEAKNESSES

- Lack of formal legislation on OH / Legal framework gap
- Geographical barriers (long distance) to access human and animal health services
- Inadequate requisite staff and staff capacity to provide integrated One health services
- Socio-cultural barriers to health

2.1.3 OPPORTUNITIES

- Presence of partners and stakeholders for OH activities
- Existence of zoonotic disease specific national strategies and action plans
- Collaborative mechanisms between national government and Marsabit County
- Strong community OH actors

2.1.4 THREATS

- Drought and other climate change-related hazards
- Continued emergence and re-emergence of diseases (animal & human)
- Competing financial priorities
- Insecurity
- Rangeland degradation
- Social cultural practices which interfere with control of zoonotic diseases
- Poorly controlled & managed cross county and country animals' movement
- Potential interaction between wildlife and livestock
- Unregulated socioeconomic activities having impact on public health eg mining



3.0: THE STRATEGIC PLAN: GOALS AND OBJECTIVES

This section presents the vision, mission, goals, core values and guiding principles of the five-year strategic plan. In addition, the detailed strategic framework, financing, and monitoring and evaluation aspects of the plan are described.

3.1 Vision, Mission and Goals

3.1.1 Vision:

Control spread of zoonotic diseases, other OH related issues and their threats to ensure resilience of humans, animals and the environment in the county.

3.1.2 Mission:

To strengthen multi-agencies collaborations through one health approach to effectively prevent, control spread and eradicate zoonotic diseases and other OH related issues in the county.

3.1.3 Goals:

To reduce the burden of zoonotic diseases by 60% and other OH related issues through a one health approach by 2029.

3.2 Core values and Guiding Principles

3.2.1 Core values

The following are the core values that will guide the implementation of this strategic plan:

- Partnership and Collaboration – to promote partnership, engagement, foster close working relationships, collaboration among stakeholders and disciplines to achieve full benefit and synergy for all.
- Teamwork- working together to achieve the county one health objectives.
- Adaptability- flexibility, innovativeness and responsiveness, to meet evolving county, national, regional and international one health requirements.
- Professionalism– to promote the highest standards of performance and competence in the execution of our work
- Transparency and accountability– strive for open and interactive communications with and among members and use the resources mobilized responsibly,
- Integrity – to adhere to the highest moral and ethical principles and values of the one health approach.
- Stewardship – maintain responsible management practices, to uphold the highest standards of accountability regarding our work and the use of our funds.

3.2.2 Guiding Principles

The following principles will guide the implementation of this plan:

1. Advocacy for strong political and financial commitment for sustainability of OH implementation in the county.
2. Collaboration with other neighbouring counties and bordering country (Ethiopia) is necessary for the control of zoonotic, emerging, re-emerging diseases and other OH related threats.
3. Use of multi-agencies and multi-disciplinary approach to realize technical, political and regulatory frameworks required to manage zoonotic diseases and other emerging one health priorities.
4. Adaptation to emerging information and communication technologies for effective one health implementation.
5. Adaptation to emerging zoonotic disease trends.
6. Development and implementation of risk communication and Community engagement in the prevention and control of zoonotic diseases.
7. Inclusivity and respect for varied socio-cultural practices and gender sensitivity in the County to overcome access barriers to health.
8. Adoption of evidence-based public health policy and regulations.

3.3 Strategic Framework

This strategic plan will be implemented through the objectives and strategies as outlined below.

Strategic objective 1: strengthen implementation of one health approach in the county

Reducing the burden of zoonotic diseases (emerging and re-emerging) and other OH issues through coordination and collaboration mechanisms between departments responsible for human, animal (livestock and wildlife) and environmental health, alongside other stakeholders. This plan will employ the strategies outlined below to establish coordination and collaboration mechanisms at the county, Sub County and community levels.

1.1: Strengthen OH co-ordination mechanisms at all levels

This strategy will involve strengthening operations and structures of the OH (COHU, establishment and operationalization of SCOHU including enhancing the involvement of the environment sector, wildlife)

1.2: Establish collaborative mechanisms for OH initiative

This strategy will entail review and disseminate OH Communication Strategy, strengthen linkages with, country, national and intercountry OH platforms and coordinate the establishment of the county OH platform.

1.3: Formulating a county OH policy and legal frameworks

This strategy will focus on assisting with formulation of a County OH policy and legislative environment for implementation of the OH approach through evidence-based advocacy with policymakers.

1.4: Support capacity building for OH workforce

This strategy will involve in-service training of personnel from human, animal, environmental and other relevant sectors on zoonotic diseases and one health approach and mentoring interns on the OH approach. This strategy will be implemented in collaboration with partners involved in one health activities: PACIDA/Malteser International, CRS/CGPP, AMREF Africa, FCDC, Concern WW, VSF Germany, CARITAS among others.

Strategic objective: 2. Strengthen prevention, surveillance, response and control of priority zoonotic diseases and other OH issues

Data-driven prevention, response and control strategies are necessary to establish and reduce the burden of zoonotic diseases, which depend on active disease surveillance systems. While medium to long-term building efforts are ongoing, there will be a need to respond to emergencies arising from outbreaks of known zoonotic diseases, and those of unknown etiology.

This objective will employ the strategies outlined below.

2.1: Strengthen Surveillance for Zoonotic Diseases and other OH issues at the County

This strategy will involve reviewing and updating the list of priority zoonotic diseases and developing associated risk maps; conducting risk assessment for priority zoonotic diseases; updating existing surveillance tools and guidelines by the different sectors; and strengthening surveillance for zoonotic diseases among other interventions.

2.2: Enhance, Prevention and Control of Priority Zoonotic Diseases and other OH issues

This strategy will focus on adopting prevention and control plans for priority zoonotic diseases such as rabies, Rift Valley fever, brucellosis and anthrax among others.

2.3: Enhance Preparedness and Response to Zoonotic, Disease Outbreaks and Public Health Events of Initially Unknown Etiology

This strategy will adopt preparedness and response plans for zoonotic and potentially zoonotic emerging and re-emerging diseases and disseminate a One Health Joint Response Plan to zoonotic and potentially zoonotic emerging disease outbreaks; coordinate joint outbreak response activities; and review and develop disease-specific risk and crisis communication plans.

2.4: Strengthening Diagnostic capacity for Priority Zoonotic Diseases

This strategy will involve conducting diagnostic laboratory needs assessment for priority zoonotic diseases, developing protocols for sample referral, and establishing and enhancing diagnostic capacity for priority zoonotic diseases.

2.5: Strengthen Early Warning Systems for the Detection of Emerging and Re-emerging Zoonotic Diseases and Public Health Events of Initially Unknown Aetiology

This strategy will entail supporting the establishment of sentinel human, wildlife and livestock surveillance sites to enhance early detection of pathogens of public health interest. It will also entail supporting community based zoonotic disease surveillance. Strengthening EOCs

Strategic Objective 3: Promote Applied Research using the OH Approach

Applied research provides required evidence for interventions and policy directions with regard to zoonotic diseases prevention and control. This objective will employ the strategies outlined below:

3.1 Applied Research to Inform Evidence-Based Strategies and Policies on Priority Zoonotic Diseases and other OH issues

This strategy will focus on supporting epidemiological, ecological, socioeconomic and cross-sectoral studies; reviewing literature periodically to guide updating of strategies; and promoting citizen science's and ethno-veterinary science application in zoonotic disease prevention and control among other interventions

Strategic framework for implementation of One Health approach

Strategy	Activities	Sub-activities	Outputs	Indicators	Time frame					Budget (Kshs)
					2024	2025	2026	2027	2028	
					20	20	20	20	20	
					45	67	78	89		
					-	-	-	-	-	
					5	6	7	8	9	
1.1 Strengthen OH coordination mechanisms at county and sub county levels	1.1.1 Strengthen operations and structure of the Marsabit COHU	Review and finalize the MOU to operationalize COHU	MOU revised and signed	Signed MOU Launching program						1.2M
		Advocate for adoption of OH strategy in Marsabit County	Implementation of OH	No of Fora held between executive and the legislative arm, partners and community						2.5M
		Develop terms of reference (TOR) for COHU	TOR developed	TOR available						1.5M
	1.1.2 Support establishment and operation-alization of county One Health plat-form	Adoption of existing guide-lines for estab-lishment of One Health	Available Guide-lines	Number of guide-lines adopted						0.5M

		Sensitize County executive and legislature on One Health	Sensitization and advocacy meetings	Number of sensitization meetings held						1M
		Establish and train County One Health Unit (COHU)	County COHUs established and trained	TORs of COHUs Minutes/Reports						2M
		Secondment of staff as OH focal persons by relevant department in the county	County OH focal persons seconded and working	Number of focal persons seconded in the county as OH focal persons TOR for OH focal persons						0
		Sensitization County OH TWG and OHCSC	County OHTWG and OHCSC persons sensitized	Number of OHTWG and OHCSC sensitized						2.5M
		Hold quarterly review meetings for COHU	Review meetings held	Number of review meetings held No of minutes prepared						8M
	1.1.3 Strengthen the coordination mechanism for One Health activities	Establish and strengthen TWG at county level	Working TWG in place	TWG established No of TORs developed No of minutes prepared						2.5M

		Nominate staff from relevant department into OH TWG	List of staff nominated to the OH TWG	No of staff nominated to the OH TWG						0
		Hold Quarterly review meetings for the OH-TWG	Quarterly meetings conducted	No of Minutes prepared						10M
	1.1.4 Engage county executive and county assembly for support to OH approach	Develop advocacy materials and approach	Advocacy material and approaches developed	No of Advocacy materials/ strategies developed						6M
		Convene a meeting with the relevant committees of the county assembly	Meetings with the relevant committees of the county assembly	No of meetings held with relevant committees of the county assembly No of minutes prepared						5M
		Convene two meetings with the relevant CECM/COs	Meeting with CECM/ Cos convene	Number of meetings Minutes of meeting						0.5M
1.2 Establish collaborative mechanisms for OH initiative	1.2.1 Review and disseminate OH	Hold workshops to review communication strategy	Communication strategy reviewed	A reviewed communication strategy Number of workshops held						2.5M

		Sensitization of stakeholders on OH risk	Communication strateg	Number of sensitization meetings Number of platforms used						3M
		Develop and disseminate risk messages to target audiences	Risk communication messages developed and shared to audience	Number of messages developed and disseminated						6.6M
	1.2.2 Strengthen linkages with, country, national and intercounty OH platforms	Participate in 1 cross border One and 4 intercounty and 1 national One Health meetings	Cross border One and 4 intercounty and 1 national meetings attended	Number of meetings attended No of reports prepared						5M
		Participate in OH international conferences	OH international conferences attended	OH international conferences attended Number of OH international conferences attended Proceedings/ reports						10M
	1.2.3 Coordinate the establishment of the county OH platform	Identify OH thematic areas and stakeholders	One Health thematic areas and stakeholders identified	Thematic areas and stakeholders report						2.5M
		Develop TORs and organization structure for the county OH coordination platform	TORs and Organizational structure for county OH platform develope	Number of TORs and Organizational structure developed						1.5M

		Sensitize stakeholders and Counties on County One Health platform	Communication strateg	Number of sensitization meetings Number of platforms used						2.5M
		Coordinate biannual meeting of the county OH platform	Biannual meetings held	Number of biannual meetings held No of minutes						3M
1.3 Development of County OH policy and legal frameworks	1.3.1 Identify policies and legislations relevant for OH approach	Conduct a assessment of relevant policy issues in the context of OH	Policies and legislations identified	No of policies and legislations identified						7.5M
	1.3.2 Disseminate evidence-based policy advocacy materials to policy makers at county level	Prepare policy brief	Policy briefs prepared	Number of policy briefs prepared						0.5
		Convene policy dialogue meeting with the executive and legislature	Policy dialogue meetings convened and minutes prepared	No of Policy dialogue meetings convened No of minutes prepared						6M
1.4 Support Capacity building for OH workforce	1.4.1 Support Capacity building of staff on OH	Conduct training needs assessment on One Health	Training needs assessment conducted	No of Training needs assessment reports developed						0.5

		Quarterly ToT and TWG on One Health	Trained staff Training repor	No of Trained staff No of Training reports							10M
		Community sanitization on One Health	Community sensitized on One Health	No of community training conducted No of community training reports prepared							10M
	1.4.2 Advocate for establishment of One Health clubs in learning institutions	Nominate and train teaching staff in learning institutions on OH	Teaching staff in learning institutions trained on OH	No of teaching staff in learning institutions trained on OH							8M
Total amount											120.3M

Strategic Objective 2 Strengthen prevention, surveillance, response and control of priority zoonotic diseases and other OH issue

2.1: Strengthen Surveillance for Zoonotic Diseases and other OH issues at the County	2.1.1 Develop guidelines for information sharing on priority OH events	Develop guidelines for information sharing on priority public health events	Guidelines developed for information sharing	No of guidelines.							1M
	2.1.2. Develop and or adopt county protocols for joint response of OH events.	Develop SOP for joint outbreak investigation	SOP for joint outbreak investigation developed	No of SOPs developed							0.5M
		Develop guidelines for joint risk assessment	Guidelines for joint risk assessment developed	No of joint risk assessments developed							0.5M
		Review and adopt guideline for after action review	Guidelines for After Action Review adopted	No of After-Action Reviews adopted							0.5M
	2.1.3 Conduct sensitization of OH stakeholders on OH initiatives	Conduct sensitization of OH stakeholders on OH Initiatives	OH stakeholders sensitized on OH	No. of OH stakeholders sensitized on OH Initiatives							1.5M
	2.1.4 Conduct integrated case findings for one health events	Conduct integrated case findings for one health events	integrated case findings for one health events conducted	No. Of integrated case findings sessions for one health events conducted							2M

	2.1.5 Trainings of technical people on how to conduct surveillance.	Trainings of technical people on how to conduct surveillance	Surveillance training for OH technical team conducted	No. of OH technical team members trained in OH Surveillance						3M
	2.1.6 Commemoration of world event day related to OH.	Commemoration of world event day related to OH	World event day related to OH marked	No. of World event days related to OH observed						10M
	2.1.7 Create awareness on AMR for technical staff, other stakeholders	Create awareness on AMR for technical staff and other stakeholders	Awareness creation on AMR.	No of AMR awareness meetings.						No of AMR awareness meetings.
	2.1.8 Surveillance for AMR	Conduct a baseline assessment on prevalence and drivers of AMR in the context of one health	Baseline assessment conducted	No of reports generated						10M
	2.1.9 Integrate of OH activities in PHEOC	Conduct joint quarterly meetings with OH TWG and PHEOC members	Joint meetings conducted	No of Joint meetings conducted						2.5M
		Establishment of Subcounty OH integrated PHEO	Subcounty OH integrated PHEOC established	No of Subcounty OH integrated PHEOC established						20M

2.2: Enhance, Prevention and Control of Priority Zoonotic Diseases and other OH issues	2.2.1 Capacity building of OH actors on preparedness and response	Conduct training of OH actors on preparedness and response	OH actors trained	No of OH actors trained No of reports prepared							10M
	2.2.2 Review of prioritization of zoonotic diseases and other OH Issues	Update the list for priority zoonotic diseases and other OH Issue	Update priority list	No of priority zoonotic diseases and other OH Issues in the updated list							2M
	2.2.3 Enhance adoption of the guidelines for implementation of existing national strategies for priority endemic zoonotic diseases (rabies, RVF, Anthrax and brucellosis).	Adopt guidelines for implementation of existing national strategies for priority endemic zoonotic diseases (rabies, RVF, Anthrax and brucellosis).	Guidelines adopted	No of guidelines adopted and shared.							1M
2.3: Enhance Preparedness and Response to Zoonotic, Disease Outbreaks and Public Health Events of Initially Unknown Aetiology.	2.3.1 Sensitize the stakeholders on priority zoonotic diseases contingency plans.	Conduct Sensitization of the stakeholders contingency plans for priority zoonotic diseases	Stakeholders sensitized	No. Of stakeholders sensitized							3M
	2.3.2 Simulation exercise for stakeholders on Rift Valley fever contingency plan	Conduct simulation exercise for stakeholders on Rift Valley fever contingency plan	Simulation exercises conducted.	No. Of simulation exercises conducted							5M
	2.3.3 Joint risk assessment and response plan	Develop Joint risk assessment and response plan	Joint risk analysis and response plan developed	No. of Joint risk analysis & response plan developed							5M

	2.3.4 Enhance adoption of the existing joint risk assessment tools	To review and adopt existing joint risk assessment tools	Joint risk assessment tools adopted	No of joint risk assessment tools adopted						1M
	2.3.5 Disseminate the finding of the risk assessment report and action the recommended response plan	Disseminate the finding of the risk assessment report and action the recommended response plan	Joint risk analysis & response plan disseminated	No. of Joint risk analysis & response plan disseminated						2M
2.4: Strengthening diagnostic capacity for Priority Zoonotic Diseases	2.4.1 Conduct diagnostic capacity assessment	Conduct diagnostic capacity assessment	Diagnostic capacity assessment conducted	Diagnostic capacity assessment report						2M
	2.4.2 Build capacity of lab personnel in diagnosis of Priority Zoonotic Diseases	Training of personnel.	Trained staff	No. of lab personnel trained						1.5M
		Refresher training of relevant personnel on sample management.	Relevant personnel trained	No of personnel trained						1.5M
	2.4.3 Improve and operationalize public health diagnostic laboratory	Equip/ build public health diagnostic laboratory	Public health diagnostic laboratory equipped/Built	No. of equipment delivered and installed						30M

	2.4.4 Procurement of laboratory supplies	Procurements and delivery of laboratory supplies	Laboratory supplies procured	No. Of orders and deliveries						5M
		Procurement and supply of laboratory reagents	Laboratory reagents procured and supplied	No of orders and deliveries						5M
		Procurement and supply of PPE and other consumables	PPEs and other consumables procured and supplied.	No of orders and deliveries.						5M
	2.4.5 Provision of transport services for diagnostic laboratories	Procurement and allocation of 2 vehicles to support diagnostic laboratory and samples referrals.	Vehicles procured.	No vehicles procured.						20M
		Support for vehicles maintenance	vehicles maintained.	No of vehicles serviced and maintained.						3M
2.5: Strengthen Early Warning Systems for the Detection of Emerging and Re-emerging Zoonotic Diseases and Public Health events	2.5.1 Establishment of RVF sentinel surveillance sites	Establishment of RVF sentinel surveillance sites	RVF Sentinel surveillance sites established	No. of RVF Sentinel surveillance sites established						5M

	2.5.2 Conduct joint Participatory disease surveillance for priority zoonotic diseases.	Conduct quarterly joint Participatory disease surveillance	Joint Participatory disease surveillance conducted.	No of joint Participatory disease surveillance missions conducted No of reports developed						10M
	2.5.3 Strengthening central climate information centre.	Strengthening a central climate information centre.	Climate information centre strengthened	No. Of Climate information centre strengthened						5M
	2.5.4 Conduct participatory Scenario planning to mainstream Climate information services (CIS) into other sectors	Conduct participatory Scenario planning to mainstream Climate information services (CIS) into other sectors.	CIS for early warning system mainstreamed in relevant departmental plans	No. Of departments integrating CIS for early warning system in their plans						5M environment department to give more direction
		Capacity building of the community actors on environmental health conservation & Early Warning Signs (EWS).	Community actors trained.	No. Of community actors trained						5M

Strategic Objective 3 Promote Applied Research using the OH Approach

3.1 Applied Research to Inform Evidence-Based Strategies and Policies on Priority Zoonotic Diseases and other OH issues.	3.1.1 Conduct research using OH approach	Conduct research using OH approach	OH studies conducted	No of OH related research studies conducted						6M
		Periodic desk review of OH research findings	Review reports produced periodically	No. of desk review meetings conducted						2M
		Dissemination of research findings to OH stakeholders Dissemination of research findings to OH stakeholders	Research findings disseminated to OH stakeholders	No of Research findings Disseminated to OH stakeholders						6M
		Exchange programmes amongst OH practitioners.	OH learning Exchange programmes conducted	No of OH learning Exchange programmes conducted						2M
Total										199.5M



4.0:

**IMPLEMENTATION
FRAMEWORK**

4.1 OVERVIEW

This chapter provides information on resources required to implement the strategic plan, communication plan, coordination, management and partnership.

4.2. RESOURCE MOBILIZATION PLAN AND MANAGEMENT

A resource mobilization plan and management strategy for a One Health strategic plan is crucial to ensure adequate funding, expertise, and infrastructure to support integrated human, animal, and environmental health initiatives. The successful implementation of this strategy necessitates the commitment of financial and human resources from various stakeholders, including the National Government, County Government of Marsabit, Financial Institutions, Development Partners, and the Private Sector. The focus will be on resource mobilization, achieved through the development of annual work plans, budget preparation, and advocacy and lobbying for resource allocation. Coordination and accountability mechanisms will be established to prevent duplication of efforts, fostering synergies to reduce the impact of the one health related challenges in the county.

4.3 Key Components of resource mobilization.

1. Needs Assessment

Needs assessment will be conducted to identify resource gaps in each sector (human health, animal health, environmental health). Assess financial, human resource, technical, and infrastructural needs. Prioritize needs based on urgency and impact

2. Stakeholder Mapping

Stake holder mapping will involve identifying and categorizing various entities involved in One Health activities from Government agencies/county government (health, agriculture, environment, international organizations (WHO, FAO, WAOH, UNEP etc), NGOs and civil society organizations, Academic and research institutions and Private sector (pharmaceutical, agricultural, biotech)

3. Funding Sources

Funding for this strategic plan can be sourced from National budget allocations, County government allocations, Multilateral donors (World Bank, Global Fund, GAVI etc), Bilateral donors (USAID, DFID, JICA), Foundations (Gates Foundation, Well come Trust), Corporate sponsors and Crowdfunding platforms.

4. Resource Mobilization Strategies

Resource mobilization can be achieved through writing Grant proposals to international donor, Public-private partnerships initiatives, Corporate social responsibility initiatives, Advocacy for increased county government funding (by-in from Members of the County Assembly and Executive), and Academic-industry collaborations

5. In-Kind Resources mobilization

This will include drawing in the technical expertise from partner organizations, utilizing Laboratory facilities from research institutions, sharing critical data from government agencies, obtaining training resources from universities. Pharmaceutical companies will also be engaged for vaccine donations and other health related supplies.

6. Human Resource Development:

This will be achieved through training programs in One Health concepts, facilitation of interdisciplinary fellowships and exchanges to encourage collaboration and knowledge sharing across different fields, support capacity building in resource-poor settings and retention strategies for skilled professionals.

7. Financial Management

Prudent financial management will be encouraged through adoption of transparent accounting systems, conducting regular financial audits to maintain financial integrity and compliance with regulations, through the use of multi-sector budgeting tools, risk management strategies and sustainable financial models.

8. Resource Allocation

Resources will be allocated based on strategic plan priorities, equitable distribution across sectors, support for cross-cutting initiatives, emergency funds for outbreaks investigation and grants for innovative projects

9. Sustainability

Sustainability of One Health Strategic plan requires long-term funding commitments to ensure ongoing support, local ownership of initiatives, integration and alignment into national policies, local revenue-generating activities and continuous resource mobilization trainings

10. Risk Mitigation

To mitigate the risks associated with resource mobilization a diversified funding portfolio will be developed to reduce dependency on a single source of fund. Political risk assessments will be conducted and hedges will be put in place to address potential currency fluctuations. Additionally, reputation management strategies will be employed to maintain donor confidence and all activities will comply with donor requirements.

11. Innovation and Efficiency

This strategic plan, will explore innovative and efficient approaches to resource mobilization through digital fundraising tools, remote collaboration technologies, and data-driven resource allocation. Lean management principles will be applied to reduce wastage.

4.4 COMMUNICATION PLAN

In this section, the Marsabit County One Health strategic plan outlines the communication strategy which includes; the objectives, the target audience, key messages, the channels for communication, partnerships.

Objectives

The Objectives of this communication plan will be to raise awareness about OH initiatives in Marsabit, facilitate information sharing among stakeholders and promote community engagement in One Health activities

Target Audience

The target audience will be the general public (local communities; pastoralists, farmers, urban residents etc), Healthcare workers, veterinary professionals, Environmental experts, Local government officials, NGOs and International partners

Key Messages

The main message to be passed to the target audience will be; importance of One Health in Marsabit context, Specific One Health initiatives and their benefits to the different stakeholders, Ways in which the different target audience will participate in and support one health efforts.

Communication channels

Information will be passed through local radio programs, community meetings and workshops, social media, printed materials like posters, leaflets, brochures in local language etc

Partnerships

Partnerships are crucial for the success of One Health initiatives:

1. Local community leaders – including elders, chiefs, religious leaders, women and youth groups representatives are important for gaining community trust and buy-in, ensuring cultural appropriate communication and leveraging existing community networks for information dissemination.
2. Government departments – Collaboration with County Health departments, veterinary services, environment, wildlife, Education, Meteorological department and NDMA helps in aligning OH messages with existing government initiatives, accessing resources and expertise and ensuring policy support for OH activities.
3. Non-Government Organizations – Local organization focussing on one health approach, International Organizations like WHO, WAOH, FAO, UNEP etc, development partners like USAID, GIZ, etc can provide partnership technical expertise and best practices, additional funding and resources, and wider reach through their wide network.
4. Academic and Research Institution – Local Universities, Research Institutions focussing on zoonotic diseases will contribute to evidence-based information for communication materials, evaluation of communication strategies and training opportunities for local staffs.
5. Media Outlets – Local radio stations, regional newspapers and National media houses help in reaching the wider target audiences, regular update of information, and creating an engaging content e.g. talk shows.

4.5 RISKS ANALYSIS AND MITIGATION MEASURES

RISK	CAUSE	CATEGORY	MITIGATION MEASURES
Inadequate resource	Competing priorities	Moderate	Advocacy and lobbying
Drought	Inadequate rain	Moderate	Dissemination of Early warning and intervention plan
Social cultural practices	Cultural beliefs	High	Behavioral change communications and Risk communication in the community
Conflicts	Tribal clashes,	Low	Put in place conflict / grievances redress and resolution mechanisms
Political interferences	Conflicts of interes	Low	Financial management guidelines and advocacy
Sub optimal multisectoral coordination	Lack of integrated strategies	Moderate	Adopt existing strategies on coordination holding coordination meetings



5.0: MONITORING, EVALUATION AND REPORTING

5.1 MONITORING AND EVALUATION

5.2 Overview

This chapter presents the monitoring, evaluation and reporting framework of the Strategic Plan. This will involve a systematic and continuous process of collecting and analysing information based on the indicators, targets, and provision of feedback. An implementation matrix with clear outcomes, outputs, output indicators and targets for the five-year duration plan is annexed to facilitate monitoring and evaluation of the Plan. The results of M&E will be used to make corrective actions, improve implementation of activities, and inform plans of the one health.

5.3 Monitoring Implementation of the Strategic Plan

Monitoring the implementation of the plan will act as an early warning system to detect potential bottlenecks and help to adjust where necessary. Monitoring will involve collecting and analyzing information relating to the various indicators in the implementation matrix of the strategic plan. During the plan period, the county will ensure seamless, accurate and timely information on implementation using electronic systems. Activities that will require re-scheduling or revision of targets will be adjusted through a re-negotiated process with the top management.

5.4 Evaluation of the Strategic Plan

Evaluation will involve a systematic and objective process of examining the relevance, effectiveness, efficiency and impact (both expected and unexpected) of the strategies. Evaluation will be done through formal surveys and assessments and will look at what will be accomplished against the set targets. Three major evaluation activities will be undertaken. These include mid-term evaluation; end-term evaluation and ad hoc evaluation (where necessary).

5.4.1 Mid-Term Evaluation - The county will conduct a mid-term evaluation of this Strategic Plan to examine the progress towards achieving the set targets. The Strategic Plan Implementation Committee will spearhead the evaluation internally. This will be undertaken in the third year of strategy implementation. The recommendations of mid-term evaluation will help in making improvements to the Strategic Plan implementation process.

5.4.2 End-term Evaluation - End-term evaluation will be conducted at the end of the Strategic Plan period and the achievements, challenges, lessons learnt and recommendations will inform the next cycle of the strategic planning process in the county.

5.4.3 Ad Hoc Evaluation - Ad-hoc evaluation may be commissioned by the Chair, County One Health Steering Committee in case of significant and unexplained variance between the planned and achieved performance targets. Such variances will be identified through the regular quarterly and annual reports.

5.5 Reporting

All Directorates concerned with OH aspects will be involved in monitoring and reporting on the progress of achievement of results and objectives based on the key indicators agreed upon in this Strategic Plan. This will be achieved by ensuring collection and provision of timely and accurate data during the plan period. The directorates will be expected to generate reports on quarterly, bi-annual and annual basis or as outlined in the implementation matrix in the annexes. The directorate generated reports will be compiled into a joint One health quarterly and Annual reports under the leadership of the Chair, county one health steering committee. The report will be disseminated by the Chair to COHU, Relevant County executive, and the County assembly, among others.

5.6 Linkage between the Strategic Plan and Performance Contracts

To enhance implementation of the Strategic Plan and achievement of its objectives, performance contract targets will be drawn from the implementation matrix provided in the Annex. This linkage will also ensure that each staff of the OH sectors contribute to the strategic plan implementation and realization of the county OH objectives.

Monitoring and Evaluation Framework: Strategic objective 1: strengthen implementation of one health approach in the county

Outputs	Indicators	Baseline	Targets	Means of Verification	Frequency	Responsible
Operationalized OH coordination mechanisms at county and sub county levels	Established COHU,	1 COHU	Operationalized COHUs	Reports and minutes of establishments	Mid-term/end term	One Health Focal persons
	Sub COHUs,	0 SCOHU One Health Focal persons	SCOHU adopted by the 4 Sub-Counties	Reports and minutes of establishment	Mid-term/end term	One Health Focal person
	Community OHU	0 Community OHUs	Community OHUs at 20 Wards	Reports and minutes of establishments	Mid-term/end term	One Health Focal person
Established collaborative mechanisms for OH initiatives	No of coordination meetings held	3 meetings held	20 coordination meetings	Reports and minutes of meetings held	Quarterly	One Health Focal person
	Signed and disseminated MOU and TOR	Draft MoU and ToR	Signed MoU and ToR	Meeting reports	Mid-term and end term	One Health Focal persons
County OH policy and legal frameworks developed	County OH policy	0	1	Policy document	Jun-25	One Health Focal person
Capacity for OH workforce enhanced	Trained technical staffs on OH	20	200	Data base of trained technical staffs	Mid-term and end term	One Health Focal persons
Enhanced OH capacity at community level	OH community awareness	60	1000	Data base of community members sensitized	Mid-term and End term	One Health Focal persons
Increased number surveillance reporting sites.	Number of surveillances reporting sites	36	94	Reporting tools	Mid-term End term. Ad hoc	Department of health/ Vet services/ wildlife Environment
Improved detection, Prevention and Control of Priority Zoonotic Diseases and other OH events	Timely detection of zoonotic diseases	14 days	7.1.7	No of cases detected in seven days, notified in one and intervened within seven days.	Mid-term End term. Ad hoc	Department of veterinary services

Enhanced diagnostic capacity for Priority Zoonotic Diseases	Number of trained staffs to diagnose zoonotic diseases.	5	35	Number of staffs trained and training reports	Mid-term End term	Department of ver services/ department of health /Focal persons
Adopted guidelines for information sharing on priority OH events	No of guidelines.	0	1	Developed guideline	Mid-term End term	One health focal person
Adopted SOP for joint outbreak investigation	No of SOPs developed.	0	1	Developed SOPs	Mid-term End term	One health focal person
Sensitization of OH stakeholders on OH Initiatives	Community OHU	4	20	Sensitization reports.	Mid-term End term	One health focal person

Monitoring and Evaluation Framework: Strategic Objective 2 Strengthen prevention, surveillance, response and control of priority zoonotic diseases and other OH issues

Output	Indicators	Baseline	Targets	Means of	Frequency	Responsible
2.1.1 Develop guidelines for information sharing on priority OH events	Number of guidelines developed	0	3	Reports of training Minutes of consultative meetings	End-term	One health focal person ICT manager
2.1.2. Develop and or adopt county protocols for joint response of OH events	No of developed country protocols	0	1	Minutes of trainings reports	End-term	One health focal person
2.1.3 Conduct sensitization of OH stakeholders on OH initiatives	No of	0	4	Minutes of meeting List of stakeholders sensitized	Mid-term End-term	One health focal person

2.1.4 Conduct integrated case finding for one health event.	No of case findings done	0		Cases identified	Mid-term End-term	Surveillance officers and EOC
2.1.5 Training of technical persons on surveillance	No of people trained	0	40	Attendants list training report	Adhoc	OH focal persons surveillance officer
2.1.6 Commemoration of world one health day	observed commemoration	0	1	Photos of celebration, posters banners	Mid-term End-term	OH focal persons
2.1.7 Create awareness on AMR	No of awareness forums held	0	10	No. of forums no Radio talks show	Mid-term End-term Adhoc	CHPO, OH focal person Infection prevention focal person
2.1.8 Conduct baseline assessment on prevalence of AMR	No of baseline assessments done	0	2	Study report	Mid-term End-term	Infection prevention focal persons
2.1.9 Integration of OH in PHEOC	No of joint meetings conducted	2	4	Minutes of meeting	Mid-term End-term	EOC manager and OH focal persons
2.1.10 Assessment of food safety and security	No. assessments done	0	4	Assessment report	Mid-term End-term	OH focal persons
2.2.1 Capacity building of One health actors in preparedness and response	No. of actors trained, No. number of training report	2	4	Training of report attendance list	Mid-term End-term	OH focal persons
2.2.2 conduct sensitization of stakeholders on contingency plan for priority zoonotic diseases	No. of stakeholders sensitized	0	4	Minutes of stakeholder meetings held	Mid-term End-term	OH focal persons
2.2.3 develop joint risk assessment and response plan	No. of joint risk analysis and plan developed	0	depending of exposure	assessment report	End-term	OH focal persons
2.3.1conduct diagnostic capacity assessment	No. of diagnostic capacity assessment conducted	0	4	diagnostic capacity assessment report	Mid-term End-term adhoc	OH focal persons

2.3.2 training of lab personnel in diagnosis of priority zoonotic diseases	No. of trained staffs	0	4	training attendance list workshops photos	Mid-term End-term adhoc	OH focal persons
2.3.1conduct diagnostic capacity assessment	No. of diagnostic capacity assessment conducted	0	4	diagnostic capacity assessment report	Mid-term End-term	OH focal persons
2.3.2 training of lab personnel in diagnosis of priority zoonotic diseases	No. of trained staffs	0	4	training attendance list workshops photos	Mid-term End-term	OH focal persons
2.3.5 Establishment of RVF sentinel surveillance sites	No of Sentinel surveillance site established	0	1	Site identification reports SOPs developed	Mid-term End-term	OH focal persons
2.4.1 Conduct joint Participatory disease surveillance for priority zoonotic diseases	No of joint Participatory disease surveillance missions conducted	0	20	Participatory disease surveillance reports	Mid-term End-term	OH focal persons Heakth and Veterinary
2.4.2 Climate information centre strengthened	No. Of Climate information centre strengthened.	0	1	Reports	Mid-term End-term	OH focal - Environmental health
2.5.1 CIS for early warning system mainstreamed in relevant departmental plans	No. Of departments integrating CIS for early warning system in their plans	0	3	Reports	Mid-term End-term	Director health VEteinary and Environment

Monitoring and Evaluation Framework: Strategic Objective 3 Promote Applied Research using the OH Approach

Conduct research using OH approach	No of OH related research studies conducted	2	10	Publications.	Mid-term End term	Director veterinary Director health OH focal persons
	No of Research findings Disseminated to OH stakeholders	2	10	Disseminations	Mid-term End term	Director veterinary Director health OH focal persons
	No of OH learning Exchange programmes conducted	0	5	Exchange programmes conducted	Mid-term End term	Director veterinary Director health OH focal persons

Appendices

Appendix 1. List of contributors

1. Dr. Boku Bodha – County One Health Focal Person
2. Boru Gura – County One Health Focal Person
3. Mohamed Aila – Assistant Director Public Health
4. Tarry Johnstone – Project Manager PACIDA
5. Jafar Ondiegi – Project Officer CRS/CGPP
6. Abdi Adan Sora – PHEOC Manager
7. Isako Sori – Project Officer AMREF Africa
8. Dr. Arero Halkano – Chief Officer Health
9. Jeniffer Oduor – CRS/CGPP
10. Dr. Chege Bernard – County Disease Surveillance –Veterinary
11. Abdullahi Sheikh – Chief Officer Environment and Climate Change
12. Matthew Mutiiria – Medical Epidemiologist, ZDU
13. Janet Atho – Director Environment and Climate Change
14. Dr. Elim Limlim – LSS II Project Coordinator, FCDC
15. Dr. Jane Akale – Veterinarian, ZDU
16. Njeru – Deputy Warden, KWS

Appendix 2. Detailed Stakeholder Analysis

No.	Stakeholder Name (organization)	Contact person	Areas of Operation	Implementing activities
1	AMREF Health Africa	Isacko Sori 0715826099	North-Horr sub-county	One Health outreaches, support zoonotic diseases surveillance and control, support supervision
2	Nawiri	Richard rob 0719496219 Rob Halakhe 07	Countywide	Capacity building (training CHPs, CDRs with Smart phones androids for real time Livestock diseases outbreaks reporting through KABS APPs etc.), support response to disease outbreaks, support surveillance activities, Supports to the CDRS
3	Concern worldwide (CWW)	Daniel Hirbo 0715028177	countywide	Support disease control activities, , livestock extension services through local model pastoralist
4	PACIDA/ Malteser International	Tarry Johnstone 0724166173 Mamo Abudho 0706056277	County wide	Capacity building (training CHVs, CDRs, EMCs,EOC, Farmers) Support human outreaches, livestock vaccination Support One Health coordination Rehabilitate boreholes Establishment of model farm Awareness creation on One health Support peace building
5	FH Kenya	Eng Johnson 0714932605	Countywide	WASH, Animal health, emergency response
6	CRS/CGPP	Jenipher Oduor 0748577031 Jafar Oyugi 0720056487	Laisamis, North-Horr & Moyale	Support supervision, Support One Health coordination, control of zoonotic diseases, support surveillance activities (sample collection)
7	IMPACT Kenya	Dr. John Munka 0727330265	Laisamis	Disease surveillance (training CDRs)
8	ASAL extension	Dr. Pauline Gitonga 0722762910	Countywide	Capacity building (training), disease control (rabies control), support policy formation

9	Mercy Corps	Jarso Dalana 0722168426	Countywide	Regional Livestock Program, support OH implementation infrastructure development along livestock trade routes, policy development support etc
10	Washington State University	Prof Njenga 0700354441	Countywide	Research on Zoonotic infections
11	ILRI	Dr. Bernard Bett 0722841938	Countywide	Research on zoonotic infections
12	NDMA	Guyo Golicha 0722865734	Countywide	Coordination of Drought Emergency
13	FCDC	Dr. Elim Limlim 0714845852	Countywide	Support disease surveillance, and disease control
14	ACOPPHE	Benson Matindi 0705841908	Countywide	

THANK YOU TO OUR PARTNERS





Mail: info@marsabit.go.ke



Help-Line: +254 745 201491



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