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One Health Community Partnerships project (OHCP) Newsletter: One Health in Action

Executive Summary from the Project Lead: Dr Claire Card

This newsletter is an update about the **One Health Community Partnerships project** funded by ***Global Affairs Canada.*** The project focuses on vulnerable women and girls in sub-Saharan Africa who face some of the most discriminatory laws and live in rural places with extensive environmental challenges and are disproportionately exposed to zoonoses. The women and girls in these communities face complex poverty with deeply interconnected challenges.

Our project has three focus countries: Uganda, Ghana, and Ethiopia. Each country has rural women and girls heavily burdened with poverty and domestic chores. Additionally, all communities face water stress and climate instability, which has made rain-fed agriculture more precarious. The sudden loss of the USAID funding that supported: access to HIV medication, diagnostic tests, and clinics was being felt. In Uganda a small Ebola outbreak, in Ethiopia recurrent drought and water scarcity that continue to decrease household income and nutrition while increasing women's workload, and in Ghana illegal gold mining causing massive environmental damage and threatening water supplies, are ongoing challenges.

Our One Health gender transformative approach is anchored in four main project pillars: human health, domestic animal health, environmental health, and pandemic preparedness. Due to the degree of connectedness between the four pillars, we address all pillars collectively.

To accomplish our goals in Year 1, we went to work interviewing, hiring staff, putting together the team, and visiting the project sites. We were invited to talk to local experts and relevant actors across the pillars. We developed: student safety, recruitment, and orientation materials; a project implementation plan; monitoring evaluation and learning plan; and gender assessment.

In Years 2-4, we recruited students to deepen community relations with women's groups and schools; WaSH mapped communities; devised tools to obtain baseline data and analysis; and trained our new staff in the 3 countries. In Year 3-4 we began school visits teaching students about One Health concepts; worked on writing, adopting and translating W1HW curriculum; and began Gender Model Family (GMF) sessions which aim for creating changemakers to upend deeply ingrained cultural norms and practices. In a GMF household responsibilities and decision making is shared so everyone in the family does better. We have also identified and started training of Women One Health Workers (W1HWs). The W1HWs are part of a 3-person team that provides community services in: human health (Village Health Team Worker), animal health (Community Animal Health Worker – Paravets) or environmental health (Water / Sanitation and Hygiene -

WaSH) work. As the W1HWs were likely to be first responders in a pandemic, we included training on pandemic prediction, prevention, identification, and response.

We are thankful for the continued work in Uganda with the non-governmental agency Western Hope for Future Initiative (WHFFI) that arose from the community-based organization called Veterinarians Without Borders Paravet Association. The Paravet Association's first members were trained by volunteer veterinarian Dr. Kent Weir, from Lloydminster, Sask., in 2008, with financial support from Veterinarians Without Borders (VWB). We have been proud to be their partner for so many years in the Isingiro District. In Uganda, the country project manager is Annet Busingye who is based in the office in Kaberere with her staff.

We have a partnered in Ethiopia with the Brooke Hospital for Animals, a UK charity which has a branch in Ethiopia. In Ethiopia our project is implemented in the Halaba Zone. Our country project manager is Tigist Gebrehiwot, who will be based in Halaba Kulito Town with her staff. In Ghana, our partner organization is Apex Women in Poultry Value Chain (WIPVaC-Apex Ghana). Our project in Ghana is implemented in the Nabdam District, and our country project manager is Severa Soyiri, who is based in Bolgatanga with her staff.

As OHCP begins our fourth year, our work in Ghana, Uganda, and Ethiopia continues to grow. We were proud to see women, girls, and youth step forward as active leaders—identifying challenges, sharing insights, and co-creating solutions that reflect the One Health-related realities of their daily lives. Whether the perspectives came from classrooms, women's groups, and village centers, their voices and lived experiences have guided the direction of our work, reminding us that partnership-driven development remains our most powerful tool.

Across all three countries, this year has demonstrated what becomes possible when communities, volunteers, and local organizations work hand-in-hand. At the heart of the OHCP Project is the belief that resilient communities are gender equitable. Empowerment of women and girls creates communities that are healthier, safer, and more prosperous. This newsletter celebrates that momentum.

Most importantly, we thank the women, men, students, teachers, Women One Health Workers, and Gender Model Families who continue to lead change in their communities. Your commitment, dedication, and leadership are the foundation of One Health community transformation.

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The One Health Community Partnerships (OHCP) Project

The One Health Community Partnerships (OHCP) project is working alongside communities in the *Nabdam District of Ghana*; the *Isingiro District of Uganda;* and the *Halaba Zone of Ethiopia;* to strengthen the essential links between human, animal, and environmental health. Anchored in a gender transformative approach and ***supported by Global Affairs Canada****,* the project places women, girls, and female headed households at the heart of its efforts, recognizing their leadership as vital to addressing zoonotic disease risks and improving daily health practices starting in their homes and extending to their communities at-large.

Using participatory practices and a commitment to strengthening the skills that already exist within rural households, the OHCP project is cultivating a new and empowered Women One Health Worker (W1HWs). These women once categorized as poor, marginalized rural farmers—will be supported to gain the skills become human, domestic animal and WaSH W1HW where they can learn a small living in their communities. Additionally, as front-line workers they will be trained to predict, detect, and respond to emerging public health threats, combining human, animal, and environmental health information within their own communities. The OHCP project is committed to building a vibrant network of resourceful, resilient local W1HW across these rural, underserved areas of Ghana, Uganda, and Ethiopia.

Part of the ***University of Saskatchewan's One Health Signature Area of Research***, this OH initiative promotes transdisciplinary, culturally grounded solutions and seeks to embed sustainable One Health behaviors and practices at the community level. It also works to reinforce One Health communication pathways between W1HW, and government officials in village, district, and national systems across disciplines.

Volunteers from Canada - Accomplishments So Far

OHCP Volunteer Program: Immersive two-way learning

The OHCP volunteer program remains a vibrant link between Canadian student volunteers, partner organizations, and the communities we serve. Starting in Year 2, our summer volunteer cohort played a vital role in advancing school and community initiatives across Ghana and Uganda, with five volunteers placed in Ghana and seven in Uganda. For three months they worked closely with local project teams, helping to deliver One Health education to schools and women's groups, supporting community consultations, and engaging in hands-on learning throughout their placements.

Volunteers facilitated sessions on hygiene, first aid, safe water practices, mental health and One Health concepts—reaching nearly 2,000 students and contributing to the formation of new One Health Clubs. Their involvement also strengthened relationships with women's groups and informed OHCP's long term community planning through careful observation and consultation.

In year 4 – this summer- we have five volunteers across Ghana and Uganda, with three in Ghana and two in Uganda. This cohort provides support for conducting and revising W1HW training session curriculums on leadership, Introduction to one health and human health, as well as

supporting our Gender Model Family activities and existing OH clubs in the schools. They are also applying their academic background in partnership with the local project team on climate smart agriculture approaches such as keyhole gardening.

On the ground, volunteers act as collaborators—listening to teachers, women leaders, health workers, and community elders, and allowing local expertise to guide activities. Their experiences deepen their appreciation for the leadership of rural women and youth and strengthen their understanding of the everyday realities of One Health work. By being immersed in less resourced communities and gaining first-hand experience of the complexities of extreme poverty, Canadian volunteers, are better positioned to develop policies and investments that are informed by local realities and can make a meaningful difference in low-income countries.

In Year 3, OHCP also began implementing its strategy to strengthen One Health research capacity by providing targeted support to research projects led by African university students. By investing in the next generation of local researchers, the program aims to generate locally relevant evidence, strengthen academic and community partnerships, and enhance the effectiveness and sustainability of community led One Health initiatives across Ghana, Uganda, and Ethiopia.

2024 Summer Volunteer Spotlight

Jan Gallardo, College of Dentistry (left) Dr. Gordon Zello (centre), and Katie Theriault (right) Biomedical Science.

2025 Summer Volunteer Spotlight

Zarif Rahman, USask health sciences student

Warda Sajid Soomro, USask health sciences student

Zahin Rahman, Honours BSc in Physiology and Pharmacology, USask

2026 Summer Volunteer Spotlights – forthcoming!

Community Education with Gender Lens: Community Learning, Building Trust

OHCP's community education work reached 394 participants with 96% of them being women. These gatherings were instructional sessions and spaces for connection, shared problem solving, and shared learning. Usask volunteers listened as much as they shared knowledge, creating spaces where local experience and two-way learning were key. Women compared stories of raising children near livestock, discussed the daily realities of securing safe water, practiced first aid together, and reflected on how closely their families' health is tied to the wellbeing of their animals and environment. Canadian volunteers from USask worked with translators and utilized visual aids to ensure knowledge accessibility and mutual learning. This important community education activity is modeled, so the future W1HW understands how to lead these community sessions.

Local Women's Group, meeting with 2025 Volunteers - Rweziringiro village, Uganda

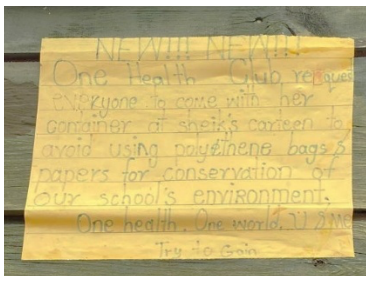
First Aid Training by 2025 Volunteers- Nongtaaba Women's Group from Tindongo village, Ghana

Learning together with Volunteers- Nongtaaba Women's Group from Tindongo village, Ghana

School engagement and the launch of One Health clubs

In the summer of 2025, across Uganda and Ghana, classrooms came alive as 1,976 students explored what One Health means in their daily lives, discussing topics such as the animal–human–environment connection, key zoonotic diseases, first aid skills, hand washing, menstrual hygiene and health through lively questions, thoughtful debates, and hands-on demonstrations. One of the most transformative developments was the formation of One Health (OH) Clubs, where students stepped into leadership roles with spaces for girls to lead, and girls in particular, embraced opportunities to guide school-level initiatives on hygiene, animal care, and environmental stewardship. As the weeks unfolded, students, especially girls, began speaking with growing confidence about protecting their communities and improving the health of their families, animals, and environment. Across both countries, these clubs are well-positioned to lead change with plans to organize cleanup days, launch simple school-level hygiene movements (e.g. keeping a tippy tap in the school and encouraging handwashing throughout the day), learn and share knowledge about healthy animal care routines, and lead efforts to help younger students understand the importance of healthy behaviors.

One Health Club Girl Leaders, Aisha Girls High School, Kishuro Village, Uganda



Excitement and inspiration: Girls share a One Health Club message at Aisha Girls High School, Kishuro Village, Uganda

One Health Club, Aisha Girls High School, Kishuro Village, Uganda

Teaching students in schools, Tindongo Village, Ghana

Teaching school children how to build a Tippy Tap, Tindongo Village, Ghana

Completed Tippy Tap, Tindongo Village, Ghana

Cross-sector Collaboration: Forums for Nurturing Trust and transparency through Partnership

A growing culture of cross-sectoral collaboration continues to anchor OHCP's work,

2025 stakeholder forums

The forum in 2025 brought together 67 stakeholders across Ghana and Uganda, including health officers, agricultural leaders, educators, women's groups, and community organizers. Far more than routine updates, these sessions are intended to be spaces where participants assess project activities and contribute insights to ground project decisions in lived realities. The expected result was not just stronger transparency, but stronger alignment, ensuring that our interventions remain grounded in community needs and local expertise. Sector collaboration continues to anchor OHCP's work, highlighted by these forums that brought together solving spaces where participants compared field observations, debated how to maintain handwashing stations during dry months, discussed how seasonal grazing affects zoonotic risks, and contributed insights that grounded project decisions in lived realities.

Project Stakeholders Meeting Bolgatanga, Ghana -2025

Project Stakeholders Meeting Kaberebere, Uganda -2025

2026 stakeholder forums

A stakeholder forum was held in Ghana in 2026. Due to the Ebola virus outbreak in DRC Congo and a small number of cases in Uganda, the forum in Uganda was postponed pending WHO clearance.

The meeting brought together a diverse group of community and institutional stakeholders, including Women One Health Workers (W1HWs), Gender Model Family (GMF) couples, student leaders and teachers from School One Health Clubs, district representatives from the health, education, and agriculture sectors, local assembly members, women's groups, and partner organizations such as WIPVaC-Apex Ghana and other collaborating organization. A total of 34 participants attended and contributed to a highly interactive discussion.

Participants shared positive changes they have observed in their communities since OHCP activities started, including improved sanitation practices, greater community unity, expanded hygiene education in schools, stronger women-led initiatives, and increased adoption of healthy

household and farming practices. W1HW representatives presented lessons from their first training, highlighting the interconnected nature of human, animal, and environmental health and the links between gender inequality and poverty.

The forum featured lively discussions, testimonials from Gender Model Families, and reflections from teachers and students involved in School One Health Clubs. Stakeholders engaged government sector representatives on issues including zoonotic disease prevention, anthrax and rabies control, climate change impacts on livestock and water resources, market sanitation, waste management, and the need for stronger veterinary and public health services. Participants also highlighted the positive impacts of the Gender Model Family approach, including more equitable household decision-making, improved communication between couples, increased shared responsibilities and decision over household income, and growing community acceptance of gender-equitable practices.

Overall, the meeting demonstrated strong community ownership of One Health initiatives and provided an important platform for dialogue between community members, government representatives, and partner organizations on priorities for improving health, livelihoods, gender equality, and environmental sustainability.

Project Stakeholders Meeting Bolgatanga, Ghana -2026

Girl One Health club leader speaking at Project Stakeholders Meeting Bolgatanga, Ghana -2026

Women from Gender Model Families giving their testimonials on positive changes they've seen so far. Project Stakeholders Meeting, Bolgatanga, Ghana - 2026

Strengthening our foundations

The OHCP Canada team in close partnership with OHCP country teams in Ghana, Uganda and Ethiopia have been continuing to lay the institutional groundwork that allows the project to work closely with community members.

- ***Building Local Capacity***: Our **Ghana and Uganda offices** are building momentum becoming vibrant local hubs for collaboration. Small teams in both sites, led by dedicated local female Project Managers, bring invaluable cultural and contextual insight to our work

on the ground. While partnership and government compliance processes delayed project operations in Ethiopia, the first half of the year became an important period of groundwork. A new partnership with Brooke UK/Ethiopia was formally established, and most significantly a local female Project Manager has now joined the team, setting the stage to fast-track implementation. Additional staff are being hired, and an office has been established.

Annet Busingye
Uganda Project Manager

Severa Soyiri
Ghana Project Manager

Tigist GebreHiwot
Ethiopia Project Manager

- ***Enhanced Volunteer Program:*** This year marked the rollout of a more integrated volunteer orientation process, combining safety training, cultural preparation, and technical support. Volunteers reported arriving in-country feeling more ready, more grounded, and more aware of the cultural dynamics they would be stepping into.

Looking Ahead: What's Next for OHCP in our fourth year

This year the OHCP will see the acceleration of project activities. We are focused on deepening community partnership across all three countries and advancing several priorities:

- Start project activities in Ethiopia.
- Expanding engagement with schools and community members—especially women and girls—to enhance One Health knowledge and awareness.
- Continuing the trainings and tool refinements related to: One Health, Leadership and pillar specific areas (Animal Health, Human Health and Environmental Health).
- Support for establishing the Women One Health Worker (W1HWs) triads
- Microfinance for women groups
- Iterative review of all curriculum materials to ensure gender-sensitivity

- Continuing engagement with community members to increase the gender model family program alongside OH sensitization to promote gender equality
- Support for African University Students to conduct their OH related research that would add to local OH knowledge of project communities
- Training coordination support for Uganda and Ethiopian laboratory professionals in Ghana at the Tamale Veterinary Diagnostic Lab
- Preparation for a Mock Pandemic Exercise
- Deepening of monitoring and learning approaches
- Continued cultivation of cross-sector collaboration to strengthen village-to-ministry and back down channels of communication to bolster disease detection, prevention, prediction, and response.

Thank you all for walking alongside us in this journey! **Stay connected!**

For updates, photos and project stories, please visit us at
https://wcvm.usask.ca/research/groups/ohcp.php

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Gratitude:

And finally, we want to acknowledge many friends and colleagues who offered their support and guidance to this project including: in Uganda, we thank the team at our partner organization, Western Hope for Future Initiative (WHFFI); OHCP team members Annet Busingye, Loyce Komujuni, and Angela Kankunda; and our collaborators, contributors and supporters at Mbarara University of Science and Technology (MUST), including Dr. Joseph Ngonzi, Dr. Brian Turgiye, Dr. Gad Ruzaza, Dr. Clementia Neema Murembe, Sheila Niinye Twinamatsiko, Margaret Mbabazi, James Kakiro Kamuntu, Gabriel Tumwine, Sarah Nitumusiima, and Safina Twongyeirwe. We also acknowledge the contributions of Healthy Child Uganda (HCU) and the Uganda Water and Sanitation NGO Network (UWASNET)

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IV (Chief Pelungu Traditional Area), Hon. Agnes Anamoo (District Chief Executive),Rosina Musah (District Coordinating Director), Haruna Alhassan (District Planning Officer), Dr.Albert Tweneboah (District Veterinary Officer)In Ethiopia, we thank the team at our partner organization the Brooke Ethiopia and Brooke UK,OHCP country lead Tigist Gebrehiwot, and our collaborators/supporters/ in the Halaba Zone, including MP Nejat Girma Wakjira, Zebiba Mohammed Naser, Haji Nurye Untale, Drs. Alemu Kijamo, Alemayehu Getachew, Emebet Jemal Hamid, Habtamu Tsige, Samuel Amare, Hizaru Sheh Kedir, Neima Mohammod, Jemal Mihale, Kelil Jemal, Gemechu, Zinete Menicha, and Fedila Jemal. We are grateful to our partners at Hawassa University, including Dr. Tafesse Matewos, Dr.Kassahun Asmare, Dr. Sheleme Beyene, Dr. Alemu Kejamo, Dr. Hussain Mohammad, Dr. Samuel Jilo Dira, Dr. Mebrahtu Mulatu, Dr. Fisiha Getachew, Dr. Nigatu Regassa, Dr. Anteneh Umer, and Etaferahu Alemayehu as well as colleagues at the Ethiopian Public Health Institute, including Dr. Asefa Deressa, and Dr. Masresha Tessema. In Canada, we are deeply appreciative of the many collaborators and contributors from the University of Saskatchewan, including Dr. Lynn Weber, Dr. Gillian Muir, Myrna MacDonald Ridley, Tera Ebach, Dr. Corinne Schuster-Wallace, Dr. Susan Fowler-Kerry, Dr. Susan Whiting, Dr. Carol Henry, Dr. Susantha Gomis, Dr. Mary Buhr, Dr. Suraj Unniappan, Dr. Dylan Olver, Dr. Vicki Squires, Dr. Solina Richter, Ana Carolina Maldonaldo, Dr. Vikram Misra, Dr. Fabienne Uehlinger, Dr. Emily Jenkins, Dr. Douglas Clark, Dr. Ron Siemens, Dr. Wolfgang Koester, Brenna Stuckel, Sampath Yapa, Kerry O'Shea, Shelley Popowich, Owilli Alex Olirus, Meghna Ramaswamy , Le Li and the International Office team, the International Student and Study Abroad Centre (ISSAC) team, and the many USask colleges that support volunteer recruitment and engagement. We also wish to acknowledge our many collaborators, contributors and supporters, including Dr. Samira Mubareka (University of Toronto); Dr. Kingsley Amoako (CFIA); Dr. Yohannes Berhane(CFIA); Dr. Shayan Sharif, Dr. Paula Menzies, Dr. Cate Dewey (Ontario Veterinary College, University of Guelph); Janine Mitchell, Charmaine Brett, Kristen Rodrigues, Megan S Danielle Legault and the team at Veterinarians Without Borders Canada; Heather Hale, Rebecca Sullivan, Indira Issaka, Tania MacKinnon, Erin MacLeod, Nicole Dagher. Most importantly, we thank the women, men, students, teachers, Women One Health Workers, and Gender Model Families who continue to lead change in their communities. Your commitment, dedication, and leadership are the foundation of OH community transformation.