



Investing in rural people

Executive Board

President's report on a proposed regional grant to the Southeast Asia One Health University Network for the Livestock and Communities for One Health in the Mekong Region (LIVECOM)

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Action: The Executive Board is invited to approve the recommendation contained in paragraph 13.

Technical questions:

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I. Background and compliance with the IFAD Regular Grants Policy

1. The proposed grant is fully aligned with IFAD's Regular Grants Policy (2021),¹ which positions grants as a catalytic instrument to strengthen the impact, sustainability and scalability of IFAD's programme of loans and grants, particularly through capacity development, innovation, knowledge generation and regional engagement.
2. The intervention addresses a clearly identified gap in community-level operational capacity to manage interconnected animal, human and environmental health risks – an area where upstream analytical work, institutional strengthening and pilot testing are required prior to large-scale investment financing. The grant therefore demonstrates clear additionality and value for money, consistent with the grant policy's emphasis on catalytic, non-lending support.
3. The grant contributes directly to strategic objective 1 (SO1) by strengthening in-country and community-level capacity to improve the sustainability of IFAD-supported rural livelihoods and value chains. Through regionally coordinated pilots, institutional platforms and evidence generation, the grant reinforces IFAD country programmes and provides scalable models for integration into country strategic opportunities programmes, country strategy notes and future investment operations. Its regional, multi-country design is consistent with the grant policy as it supports cross-border challenges and regional public goods that cannot be effectively addressed through single-country lending instruments.
4. Implementation is further strengthened by IFAD's decentralization and the establishment of the Asia and the Pacific Regional Office in Bangkok, which enables close operational linkages with country teams, governments and regional partners. This proximity enhances technical backstopping, supervision and alignment with country priorities, and directly supports priority area 6 (enhancing the sustainability and scalability of investments) by ensuring that grant-generated knowledge, institutional arrangements and investment pathways are embedded in IFAD's regional and country-level programming architecture.
5. The recipient was identified through competitive selection.

II. The proposed programme

6. The overall goal of the programme is to reduce animal, human and environmental health risks linked to livestock-based livelihoods in targeted Mekong communities, thereby strengthening rural resilience, food safety and inclusive agrifood systems. The objectives are to: (i) enhance in-country and community-level capacity to operationalize One Health through strengthened institutions and multisectoral coordination; (ii) pilot and validate scalable community-based One Health models that improve surveillance, prevention and preparedness; and (iii) generate evidence, knowledge products and investment pathways to support integration of One Health approaches into IFAD country programmes and future investments.
7. The target group will be composed of smallholder livestock producers and rural households in selected communities in Cambodia, the Lao People's Democratic

¹ See EB 2021/132/R.3.

Republic, Thailand and Viet Nam, with particular attention to women, youth and vulnerable groups. Direct participants also include local animal and public health workers, environmental officers, extension staff, community volunteers, and university students and faculty engaged through academia groups and primary One Health units. Indirect participants include local governments, national institutions and IFAD country teams that will benefit from strengthened systems, knowledge products and scalable investment models.

8. The programme will be implemented over two years and will have the following components: (i) needs assessment, stakeholder engagement and community-level One Health risk studies; (ii) community capacity-building and field support through the establishment of primary One Health units and mobilization of academia groups; and (iii) regional knowledge exchange and development of a One Health community manual and investment strategy to support policy uptake and scaling within IFAD operations.

III. Expected outcomes/outputs

9. The programme is expected to have the following outcomes and outputs: (i) strengthened community-level institutional capacity and multisectoral coordination for One Health through the establishment and operationalization of primary One Health units and academia groups; (ii) improved prevention, surveillance and preparedness for livestock-related health and environmental risks among smallholder communities, supported by trained local actors and context-specific risk communication and community engagement tools; and (iii) validated knowledge products and scalable investment pathways, including community risk assessments, a multilingual One Health community manual and an investment strategy to inform policy dialogue and integration into IFAD country programmes and future operations.

IV. Implementation arrangements

10. The programme will be implemented through a regional recipient model, with the Southeast Asia One Health University Network (SEAOHUN) serving as the recipient and responsible for overall coordination, financial management, monitoring and reporting. Implementation will be carried out through SEAOHUN's national university networks in Cambodia, the Lao People's Democratic Republic, Thailand and Viet Nam, in close collaboration with relevant government counterparts and community-level platforms. Technical backstopping will be provided by regional experts, and implementation will be supported by IFAD's Asia and the Pacific Regional Office to ensure alignment with country programmes, quality assurance and effective supervision.
11. There are no deviations from IFAD's standard procedures for financial management, reporting and audits.

V. Indicative programme costs and financing

12. The total indicative cost of the programme is US\$1.2 million, comprising an IFAD grant of US\$1.0 million and recipient in-kind contributions estimated at US\$0.2 million. The IFAD grant will finance programme implementation costs, including personnel, training, travel, consultancies, and programme management and operational support, while the recipient's in-kind contribution will primarily cover staff time, use of facilities, and institutional resources at regional and country levels.

Table 1
Costs by component and financier
 (Thousands of United States dollars)

<i>Components</i>	<i>IFAD</i>	<i>SEAOHUN (in kind)</i>	<i>Total</i>
1. Needs assessment, planning and engagement	242 980	50 000	292 980
2. Community capacity-building and field support	365 260	100 000	465 260
3. Knowledge exchange and development of an investment strategy for better community-based One Health implementation	332 501	50 000	382 501
4. Indirect cost	59 259	-	59 259
Total	1 000 000	200 000	1 200 000

Table 2
Costs by expenditure category and financier
 (Thousands of United States dollars)

<i>Expenditure category</i>	<i>IFAD</i>	<i>SEAOHUN</i>	<i>Total</i>
1. Salary and allowances	170 000	170 000	340 000
2. Goods, services and inputs	379 601	-	379 601
3. Workshop and training	42 600	-	42 600
4. Travel and allowances	318 540	-	318 540
5. Operating costs	30 000	30 000	60 000
6. Overheads	59 259	-	59 259
Total	1 000 000	200 000	1 200 000

VI. Recommendation

13. I recommend that the Executive Board approve the proposed grant in terms of the following resolution:

RESOLVED: that the Fund, in order to finance, in part, the Livestock and Communities for One Health in the Mekong Region (LIVECOM), shall provide a grant of one million United States dollars (US\$1,000,000) to the Southeast Asia One Health University Network for a period of two years, upon such terms and conditions as shall be substantially in accordance with the terms and conditions presented to the Executive Board herein.

Alvaro Lario
 President

Results-based logical framework

Results hierarchy	Indicators			Means of verification			Assumptions
	Name	Baseline	End target	Source	Freq.	Response	
Goal: Reduce animal, public and environmental health hazards linked to livestock and rural livelihoods in targeted Mekong communities.	% of trained personnel understand the application of One Health approach to reduce the animal, public and environmental health hazards.	-	≥70% of trained personnel understand the application of One Health approach to reduce the animal, public and environmental health hazards.	Baseline & endline household surveys; project M&E reports; external evaluation	Baseline/ Endline	PMU	Communities adopt recommended practices; no major, prolonged external shocks (conflict/major epidemic)
Development objective: Enhance in-country capacity for operationalizing One Health at community level	Number of communities with operational POHUs	0	8 operational POHUs across 4 countries (min. 2 per country)	POHU establishment reports, SOPs, meeting minutes, monthly reporting logs	Quarterly/ Annual	PMU	Ministries accept POHU model and support local adoption
Outcome: Improved understanding of OH risks, institutional gaps, and community needs, resulting in stronger local ownership, intersectoral alignment, and readiness for effective implementation Component 1	% of engaged stakeholders (gov., academia, community) reporting improved understanding of OH risks and roles	TBD	≥70% stakeholders show improved understanding	Pre/post stakeholder surveys; workshop evaluations	Once per country	PMU	Stakeholders available for engagement activities
Output 1: Stakeholder mapping & situational analysis Component 1	Number of stakeholder and legal landscape mapping	0	4	Stakeholder and legal landscape analyses reports	Once per country	PMU	Ministries cooperate and provide data
Output 2: Community OH risk studies Component 1	Number of countries with community OH risk profile	0	4	Risk study reports, presentations	Once per country	PMU	Field access and community participation
Outcome: Strengthened local capacity and coordination to prevent and manage OH-related risks Component 2	% of POHUs demonstrating functional surveillance & reporting to district level	0	≥75% of POHUs functioning and reporting monthly	POHU monthly reports; district surveillance logs; supervisory checklists	Monthly	PMU/ AGs	Local staff continue engagement; reporting channels accepted by authorities
Output 1: Formation of POHUs & AGs Component 2	Number of POHUs established with SOPs Number of AGs established with SOPs	0	8 POHUs established with SOPs + 8 AGs established with SOPs	SOPs, Progress reports	Once (establishment) / Quarterly	PMU/ AGs	Local authorities endorse POHUs
Output 2: Capacity building (ToT + cascade) Component 2	Number of individuals trained in OH and community engagement model	0	56 AGs participant for ToT + 80 POHU participantfor cascade training	Kirckpatrick Model 1, 2, 3, and 4 indicators Training reports, participant registers, certificates	Depending on the indicator, once or pre- and post training	PMU/ VPHCAP/AGs	POHU Participants are available to join the training

Results hierarchy	Indicators			Means of verification			Assumptions
	Name	Baseline	End target	Source	Freq.	Response	
	Improved One Health Management skills of direct and indirect target group for effective One Health Management						
Output 3: Community pilot interventions Component 2	Number of community pilot interventions Number of participants who joined the community campaigns	0	8 pilots implemented + 3000 community members joined the campaigns	Community pilots reports, activity photos, participant registers	Monthly	AGs/ POHUs/ PMU	Community buy-in
Outcome: Enhanced regional collaboration, actionable knowledge products, and strategic investment planning that support policy uptake and scale-up of community-based OH models Component 3	Number of IFAD country teams / national stakeholders endorsing Investment Strategy recommendations	0	Investment Strategy validated by ≥3 country teams / ministries	Investment Strategy document; validation workshop minutes; endorsement letters	Once	PMU/ IFAD country teams	IFAD country teams available and supportive; country interest in uptake
Output 1: country OH action plan Component 3	Number of countries OH action plan	0	4	Action plan documents, workshop reports	Once	PMU	Ministries buy-in
Output 2: One Health Community Manual & KM products Component 3	Number of manuals (with translation) Number of case studies, human stories, or field observations documented by AGs and POHUs	0	5 manuals 8 stories/ case studies	Manual publications Progress report, Success stories	Once Quarterly	PMU/ VPHCAP AGs	Translation is feasible.
Output 3: Investment Strategy Component 3	Investment Strategy finalized and disseminated	0	Investment Strategy finalized and disseminated	Final Investment Strategy; dissemination records	Once	PMU/ IFAD	IFAD & ministries engage with the consultations.