

Supporting improved community-based animal health care in north-eastern Kenya

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Editor's notes

The CBW newsletter is targeted at those considering or using community-based worker systems as a mechanism for providing services to reach out to community level, notably for the disadvantaged. The newsletter also updates the partners involved in the current action-research on CBW systems co-ordinated by Khanya-aicdd.

The current newsletter focuses on the role of Community Animal Health Workers as an example of improved service delivery within the semi-arid areas (ASAL) of north-eastern Kenya. It also provides an update of the four country CBW project that is testing approaches to improved service delivery in the natural resource and HIV/AIDS sectors.

Overview

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Community Animal Health Workers (CAHWs) are a specific cadre of community-based workers (CBWs) who often operate in remote areas where herders are unlikely to have access to veterinary services. Within Kenya they are predominantly herders themselves from pastoral areas who live and move with their animals in search of water and pasture. They attend short training courses to enable diagnosis and treatment of common diseases that affect their livestock.

The CAHWs provide animal healthcare services to members of their communities. They play a major role in disease reporting, surveillance and community mobilisation. In addition they provide livestock keepers with extension services eg: not moving animals across borders during disease outbreaks; they also act as sources of information to their community. They are the link between the veterinary department/private veterinarians and the community – for example they are involved in delivery of public good veterinary services in collaboration with the District Veterinary Authority (DVA) during mass treatment and vaccination of livestock as well as emergency interventions.

The CAHW systems have been supported by a number of stakeholders. Government involvement has been in areas such as training, monitoring and supervision and in the development of a standardised training curriculum. Indeed, inefficient operational capacity of the Department of Veterinary Services (DVS) coupled with a failure of pastoral areas to attract private practitioners, prompted the DVS to support NGOs that were training and equipping Community-Based Animal Health Workers (CAHWs) to offer basic animal health care in the pastoral districts. This has had policy implications with the government responding through an informal dispensation that CAHWs operate but with limited authority on what they can do. This is because government does not want to be seen to promote a paraprofessional service delivery approach in remote ASAL areas while advocating for professional service delivery through the training institutions. Beneficiary involvement through the community has mainly been through participation in the selection of CAHW trainees and later utilising and paying for their services. The private sector too has had a role in drug supply system as well as providing support services such as refresher training.

CAHWs – challenges and opportunities

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In most communities CAHWs are the only animal health service providers present. However, their operation and use has generated intense and ongoing debate among stakeholders. Some veterinary professionals view the CAHWs as contributing to the problem of drug abuse and drug residues in livestock products while NGOs believe that they are playing an important role in filling a service delivery gap especially in the ASALs. There is currently no evidence that quality of service is enhanced by CAHWs but there is increased coverage of otherwise limited government services in these remote areas.

CAHWs do play an important role in remote areas where there are no private practitioners and where the government or other service providers are unable to reach easily due to logistical difficulties. In such areas CAHWs are the only ones who can provide basic animal health care. CAHWs are also reported as providing a

vital link between DVS and the communities in disease surveillance and reporting. They also help publicise and carry out vaccination campaigns.

A major argument against CAHWs has been that there cannot be two standards for service delivery in the same country with high and medium potential areas being served by professionals and the ASALs by CAHWs – often regarded as non-professionals. Government fear that the use of CAHWs could lead to misuse or unnecessary use of drugs and pose the danger of development of drug resistance in animals. This has implications for both public health and international trade in livestock commodities - especially now that the Kenya Meat Commission (KMC) has become operational again. Despite the fact that the role of the government is regulatory and advisory, the veterinary inspectorate is not legally empowered to carry out its functions. An effective veterinary inspectorate would help ensure availability of quality veterinary products and services for the producers and help safeguard public health. KMC does not buy livestock directly from livestock keepers but through legalised livestock marketing agencies such as the Kenya Livestock Marketing Council, because of disease risks but thorough vetting is done at KMC for animal products originating from the ASAL areas. This is now a real opportunity for affirming the effectiveness of the CAHW system within the mainstream livestock market but certainly an effective veterinary inspectorate would help ensure availability of quality veterinary products and services for the producers and help safeguard public health and allay government fears.

Inadequate entrepreneurial skills have been identified as a major drawback to the sustainability of service delivery by CAHWs. NGOs and donors should support the training of CAHWs in business management. In addition, emergency disease preparedness should be strengthened to ensure rapid and effective responses especially when diseases outbreaks occur, especially during times of drought. Support is needed for the retraining of CAHWs in selected areas including upgrading some to become Animal Health Technicians (AHTs). Care must be taken to ensure that high standards in service provision are not compromised.

Many CAHWs have been unable to sustain themselves in their work due to depletion of the subsidised drugs and equipment given by NGOs and donors. Lack of monitoring, retraining and supervision are other reasons why the system is not sustainable. This casts doubts as to the sustainability of service delivery by CAHWs since it is heavily dependent on NGO and donor support. Facilitating and supporting livestock marketing initiatives in order to enhance the cash economy in the pastoral areas could be one way to counter donor dependency.

Financing of CBWs

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The poor cash economy in pastoral areas has been a major hindrance to service delivery by CAHWs. Many pastoralists pay for services in-kind. Sometimes this is a risk for the CAHW as animals often fetch low prices, are stolen or die due to drought or sickness. This reduces the CAHW's ability to replenish drugs. Bringing livestock markets closer to pastoralists could help alleviate this problem. CAHWs should be paid by the service recipients in order to ensure sustainability of the community-based animal healthcare system. The revival of KMC is seen as a huge boost in animal trade which will increase the bargaining power and hence improve livelihood of the pastoral communities.

PAVES: a case study to demonstrate the role of the private sector

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Introduction

PAVES, established in 2001, is a Private Pastoral Veterinary Practice (PPVP), uses a chain of community-based Animal Health Technicians (AHTs) and Community Animal Health Workers (CAHWs) to provide quality products and services to livestock owners in the ASALs of West Pokot District. The private veterinarian is based at Makutano near Kapenguria, the district headquarters where the main drug store is located. The main means of livelihood of the community is derived from livestock, the majority of which are reared through nomadic pastoralism.

The micro-entrepreneurs at each level are self-motivated individuals who are motivated by the desire to provide quality products and services to their community at modest profits. Most of the CAHWs follow the livestock during the seasonal migrations. Despite the low cash economy, the pastoralists do pay for the products and services rendered.

From the outset, no financial institution was willing to fund the business proposal by PAVES, which was considered high risk especially being based in an ASAL area. The private vet established the business using his own equity as start-up capital. Some pharmaceutical companies started advancing goods on credit to the business based on the business performance. Later on the CAPE Unit of AU-IBAR advanced a soft loan to the business. Most of this loan was used to pay debts owed to companies for goods advanced.

Some of the AHTs linked to PAVES were advanced soft loans by NGOs and credit by PAVES, others used their own equity. The business has done relatively well to the extent that financial institutions are now inviting PAVES to borrow funds without fear or the associated risk initially faced.

In order to improve profitability and sustainability the AHTs and CAHWs have diversified their businesses and are now stocking agrochemical products and other goods required by pastoralists like shukas (cloth wraps) and sandals.

The CAHWs are selected by the community elders who supervise them. The involvement of the community in the selection process is used to encourage community ownership of the project. The tree of men (a meeting of elders forum referred to as 'Kokwo' in Pokot language) is used to pass extension messages to the community. Due to socio-cultural factors, most CAHWs are young men. It is important however, to encourage the community to select more women so that they can be treating animals which are left behind during migrations.

Various stakeholders have been involved and are getting interested in this initiative. Pharmaceutical companies have funded extension and promotional campaigns and offered free drug samples to livestock keepers. NGOs have sometimes assisted in community mobilisation and dialogue meetings and also transport during field supervision. NGOs also contract PAVES for training and to provide business support to AHTs.

The Veterinary Department has also played a key role in regulating the work of CAHWs and providing professional supervision. The department has contributed to training and receives monthly progress reports through the private vet. The department also offers contracts for supply of products – for example, during vaccination campaigns. At locational (administrative) level, chiefs are involved in promotional campaigns and communicating extension messages during their public meetings (barazas). Chiefs are also involved in community mobilisation during field days. The Kenya Agricultural Research Institute (KARI) also collaborates in extension services – for example, through farmer field schools. In addition, the use of local radio stations to pass promotional and extension messages has been very effective.

Impacts and sustainability of the system

PAVES has seen significant impact in animal health service delivery using CAHWs. For example, "quacks" selling drugs to livestock keepers have been pushed out of business and a professionally supervised system has been put in place instead. Livestock owners prefer services offered by the CAHWs to that of quacks who are selling drugs in the open-air markets. This is because CAHWs belong to the community and are well known and trusted. The presence of CAHWs has also seen dramatic reduction of fake drugs that were common in the community. Pastoralists report that there is lower mortality of animals, increased herd size and productivity which they attribute to reduced disease incidence because of CAHWs services. The CAHWs are involved in disease surveillance and report disease outbreaks and "strange" diseases, thus keeping the veterinary department more informed than before. This has led to better response during disease outbreaks. CAHWs participate in vaccination campaigns and reach areas where government staff cannot reach. In addition, the incorporation of AHTs and CAHWs enable the practice to cover large areas in the ASALs.

Though there are concerns about quality of services offered by CAHWs, there is a professionally supervised system in place, which is currently the only viable animal health delivery system appropriate for a nomadic pastoral community. Unless the public sector gets restructured and adequate resources, doubtful CAHWs will be the only source of service provision in ASAL areas for the foreseeable future.

Factors contributing to sustainability of the CAHW system include payment for services and goods, institutional support, good planning, motivation of service providers due to profits, personal commitment, diversification of business activities and entrepreneurial attitudes. The project also benefits from having a defined chain of accountability, monitoring and supervision. A professionally supervised community-based service delivery system ensures high standards in service provision which the community in turn are willing to support.

This privatised delivery system can be viable and sustainable but it requires highly self-motivated CAHWs. It also requires careful diversification by the micro-entrepreneurs with financial institutions and NGOs to encourage privatisation of animal health services in ASALs. Start-up capital is a challenge to these ventures as only a few credit institutions are ready to support the work because of the perceived business risks in the ASALs.

The government policy and legal framework should be revised to recognize the privatised CBAH delivery system in the ASALs and its value added benefits. In addition women CAHWs who are emerging need to be trained and incorporated into the system. A better monitoring and evaluation framework of such important systems need to be put in place and best practice documented to support adaptation elsewhere and for scaling up purposes.

Lessons learnt

Strong linkages with the various stakeholders are vital for successful implementation of such a system. Linkages between the service providers are essential for the viability of the business and for effective supervision. Maintaining the links helps monitor pricing of products and prevent loss of loyalty to AHTs and CAHWs by the community.

The CAHWs require start-up capital in the form of soft loans or grants from lending institutions and NGOs. However this needs to be accompanied by training in business management and participatory methodologies.

CAHWs also benefit from periodic refresher courses and management meetings which can be facilitated by the Veterinary Department in collaboration with NGOs.

All the CAHWs are accountable to the community and the Veterinary Department for the provision of quality services and products. The community can report to the VD on performance of the CAHWs. The private vet is also accountable to the VD for the quality of service provided. Where there is a privatised CBAH system NGOs operating in the area should harmonise their activities to support the system.

Further information about CAHW systems and approaches in Kenya, see also

FARM-Africa's (2003)	Experiences, Delivering affordable and quality animal health services to Kenya's rural poor
AU-IBAR:	Livestock Policy Briefing Series
Abdikadir Adan (2000)	Community-based Animal and Human Health Service Delivery, Effects of Training one Community Worker for both Animal and Human Health in ASAL Areas
CBW Project (2004)	Kenya in-country Review Report

Update on CBW project

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This year the project has:

- Produced a dvd on the CBW systems. Over 200 copies have disseminated to partners and others interested in the CBW systems
- Strengthened in-country processes to advocate CBW approaches with additional budget allocations to country secretariats to accelerate pilot implementation
- Kenya and Uganda have carried out internal reviews of the pilots and stakeholder meetings held to share findings. Also inventories of key national stakeholders engaged in community based work
- In South Africa, a stakeholder meeting was held in the Free State with pilot partners and government departments. The purpose was for implementing partners to update government of the work they are doing, and for CBW partners to be briefed on current government legislation and focus in the use of community-based worker systems, e.g. home-based care. The meeting also identified practical ways to strengthen working relationship between policy makers and practitioners (including CBOs).

The next phase will include:

- Prepare and organise evaluations including cost-effectiveness studies (July/August)
- National workshops to share findings – (Sept)
- Updated national reports - (Sept)
- 4-country workshop – (Oct/Nov)
- Revised guidelines based on learnings (Dec 06- Feb 2007)
- Planning for mainstreaming – (leveraging funding) – ongoing

Acknowledgements

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Dr Benson Ririmpoi - Pastoral Veterinary Systems (PAVES), PO Box 434 Kapenguria +254 (0) 54 64498.

Dr Kisa Juma Ngeiywa, Asst. Director of Veterinary Services, Kenya Vet Labs, Kabete, kisajuma@yahoo.com

Dr. D. Ikiror for the Director of Veterinary Services, Kabete, Nairobi

Joyce Njoro, Program Officer, CARE Somalia/Southern Sudan, +254 20 271 5092. joycenjoro@ci.or.ke

Stephen Mogere - Dept of Public Health, Kenyatta University, P.O. Box 43844, Nairobi. snmogere@ku.ac.ke

Further information

For information on the CBW project contact the project manager, Patrick Mbullu, patrick@khanya-aicdd.org or visit the CBW website at www.khanya-aicdd.org, which also lists the partner organisations in the CBW

project.

To receive this newsletter in future or other Khanya-aicdd publications contact admin@khanya-aicdd.org