THE DEPARTMENT OF ANIMAL HEALTH & EPIZOOTIC DISEASE CONTROL
of
THE FEDERAL MINISTRY OF ANIMAL RESOURCES & FISHERIES
REPUBLIC OF SUDAN

&

THE CO-ORDINATING COUNCIL FOR THE SOUTHERN STATES

in collaboration with

THE CAPE UNIT
&
PACE-SUDAN
of
AU / IBAR

WORKSHOP ON
STRENGTHENING THE ROLE, REGULATION & LEGISLATION OF
COMMUNITY BASED ANIMAL HEALTH WORKERS (CAHWs)
IN SUDAN.

KHARTOUM, 16th-17th AUGUST 2003

POLICY WORKSHOP REPORT
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- the Federal Ministry of Animal Resources & Fisheries;
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EXECUTIVE SUMMARY & RECOMMENDATIONS

This ‘workshop on strengthening the role, regulation & legislation of community based animal health workers (CAHWs) in Sudan’, held in Khartoum on 16th-17th August 2003, is the fifth and last of a series of workshops on the subject of Community-based Animal Health, held this year by the Department of Animal Health & Epizootic Disease Control (DAHEDC), together with the Southern Desk of the Federal Ministry of Animal Resources & Fisheries (FMoAR&F), and funded by the CAPE Unit of AU/IBAR. The other four workshops were workshops for vets.

Sudan has a long standing and extensive programme of CAH work. The first four training workshops were an opportunity to pull together experiences from a wide variety of different CAH projects. Together with other recent meetings they recommended revision of policy and legislation affecting community based delivery of primary veterinary services. CAH work will be strengthened by more enabling policies and legislation, allowing it to expand its coverage and improve in quality. This will benefit both communities and the national disease surveillance and control programme.

This workshop therefore aimed to examine the current CAH situation in Sudan and the implications of revising animal health policy and legislation; to examine possible ways forward; and to endorse a concrete plan of work. The workshops is timely in that the OIE is likely soon to endorse the role of CAHWs within the structure of national disease surveillance systems, with guideline working practices.

Participants represented different levels and departments within the FMoAR&F; the Department of Legislation in the Ministry of Justice and other parts of government; State veterinary departments; the Sudan Veterinary Council; the Sudan Veterinary and Women’s Veterinary Associations; FAO and other local and international agencies & NGOs.

Dr. Ahmed Mustafa Hassan, the Undersecretary of the Federal Ministry of Animal Resources and Fisheries; Dr. Andy Catley from AU/IBAR/CAPE, Nairobi, and Dr. Bashir Taha Mohammed Taha, the Director General Animal Health and Epizootic Diseases Control, addressed the opening ceremony.

The first day of the workshop was for presentations: OIE guidelines; the current situation regarding CAH elsewhere in the Horn of Africa Region; an introduction to legislation; experiences in CAH within Sudan; recommendations and observations from the other four workshops; and implications for education and research, and for the SVC and SVA.

The second day started with a summary of the first day and an outline from the DAHEDC of how the Department would like to see CAH delivery developing. There were opportunities to discuss these points in more detail, and once there was broad agreement about the main points, the workshop broke up into three working groups to discuss further on three subject areas: legislation, regulation & registration; training of vets; and the establishment of a central CAH unit mandated to develop national guidelines for CAH work, including harmonisation of the CAHW curricula in use in different projects. These groups reported back to the plenary.

The following recommendations were presented to the plenary and accepted.

**Recommendations**

1. **General:**
   - The livestock sector needs greater support from the government.
   - Pastoral areas need greater attention from the veterinary department.

2. **Veterinary services, CAH & Community involvement:**
   - The importance of CAHWs within Animal Health services generally - surveillance, epidemic disease control, and treatment of individually sick animals etc - is recognised.
Vets, VAs, stockmen & CAHWs all need to be integrated into a clearly defined, supportive, veterinary structure.
Each needs clearly defined roles & responsibilities (‘job descriptions’).
CAHWs should focus on primary veterinary care and should perform their duties under the supervision of veterinarians.
There is a need for national guidelines for CAH, and for a CAH Unit within the FMoAR&F.
OIE and other relevant organizations should encourage the consolidation of the CAHW concept, and strengthening and enhancement of CAH.
Veterinary services should not think of CAH only as a way to demonstrate nation-wide disease surveillance for the duration of the OIE Rinderpest Eradication Pathway.
CAH projects should aim to empower communities.

3. Legislation and regulation:
The Veterinary Service needs to be protected by appropriate, flexible legislation.
CAHWs (and other para-professionals) need to be recognised, properly regulated and registered.
Revision of legislation should also consider private practitioners.

Specifically:

1. CAHWs should be regulated by legislation, which includes:
- Definition of the paravets including CAHWs;
- Recognition of these groups at the federal, state and local levels;
- Technical and administrative supervision;
- Registration of paravets including CAHWs;
- Financial provisions for the registration and regulation process.

2. A proposed work plan to implement (1) above:
   a) Preparatory stage: (1 month)
      i) Formation of a committee by the Minister of Animal Resources and Fisheries comprising the bodies concerned;
      ii) Draft the proposed legislation or amendment of existing laws including bylaws;
   b) Preparation of a consultative workshop, and further information collection (1 month)
   c) Redrafting of legislation and feedback (2 month)
   d) Enactment of the proposed legislation (3 month)

3. Responsibility:
FMoAR&F shall be responsible for management and co-ordination of above with other bodies concerned.

4. SVC
The Sudan Veterinary Council (SVC) has an important role to play in regulation and registration.
Depending on legal advice, paravets could be registered as two different categories:
a) University graduates.
b) Non-graduates.
The Education Committee of the veterinary council should work with other training institutions and stakeholders to design curricula with details of course contents and duration and issue certificates to members of each group including professionals.

5. Privatisation:
The private sector and cost recovery mechanisms are vital parts of the Animal Health Service structure.
The development of the private sector, with policy and legislative support and guidance, will be important for the development of Animal Health Service capacity in Sudan.
6. CAH unit:
- The establishment of a central CAH unit at Federal level.
- The unit will be linked to the DAHEDC, FMoAR&F.
- The unit will be composed of one or two vets, a social scientist and an economist.
- There will be an steering committee, which will meet periodically to guide the work of the unit.

Terms of reference should include, for example, to:
- identify and promote best practice in CAH in accordance with international standards and OIE guidelines;
- harmonise and co-ordinate CAH approaches throughout Sudan through development of guidelines based on best practice, and including harmonisation of training curricula;
- co-ordinate, monitor and evaluate CAHWs activities nationally;
- promote CAH approaches and encourage private vet involvement in CAH;
- advise on CAH policy and strategy as requested;
- identify research needs for development of policy & legislation;
- ensure proper collaboration between all stakeholders;
- assist in registration & regulation, & drafting of legislation as necessary;
- identify new opportunities for the CAHWs programme;
- collect information and keep records;
- create channels for consultation and co-ordination.

7. Training and education for vets:
- To improve professional skills of vets and to cater for deficiencies not covered during college, all vets require basic, regular, refresher training, as well as specialised (‘demand oriented’) training, for example in CAH.
- Training should be sustainable, affordable, institution or field based as appropriate.

Specifically:

1. Clarification of training levels
The SVC should be responsible for classification according to inputs and should devise away of grading the training attended by vets (one course every 3 to 5 years to be mandatory?)

2. Formation of a ‘Standing Committee for Vet Training’
A committee should be formulated from the following institutions within 2 months:

The committee is responsible for:
1. Training modules and curricula.
2. Time of year and period of training.
3. Trainers and trainees selection.
4. Budget required.
5. To meet and develop the work plan and cost within two months
6. The committee is to be sponsored by the FMoAR&F and SVC as a ‘Standing Committee for Vet Training’

8. Research:
A process of information collection or research is needed to inform legislative and policy change, and to identify best CAH practice, including for example:
- more information about CAH, from Sudan and elsewhere, identifying best practice;
- more research on effective levels of CAHW coverage;
- further research on pastoralism as a production system, compared to any alternatives; &
- a review of the impact of pastoral development interventions on pastoral livelihoods.
9. Resources:

- CAH support activities, including training, supply and reporting chains, should be adequately provided for in work plans and budgets at Federal, Co-ordination Council for the South, and State level.

- Financial support for specific activities should be sought from:
  1. Government
  2. Regional organizations
  3. UN organizations
  4. International funding organization
  5. NGOs (national & inter-national) through HAC
  6. SVC
  7. Other donors as available
INTRODUCTION

Diversification of approaches to the delivery of veterinary services has become increasingly important worldwide in recent years, with changing roles for a variety of para-professionals. These changes have been shaped in part by specific local challenges. Community based delivery of veterinary services has been particularly successful, especially in pastoral and remote areas of the world.

Sudan has increasingly been using community based animal health workers (CAHWs) for many years in a variety of different locations throughout the country. With the move towards eradication of Rinderpest following the OIE pathway, and the possible endorsement by OIE of the role of CAHWs as part of an effective disease surveillance system, there is a growing need to review the experience of community based delivery of veterinary services in Sudan in the context of similar experience in the rest of the world, in order to strengthen the services through improved guidance and regulation. One part of this is to ensure that CAHWs come under the framework of National and State Veterinary and Drug legislation, another is to ensure adequate institutional, financial, research and educational resources are provided to this part of the veterinary service.

Following recent workshops addressing different aspects of Animal Health and Disease control (eg Disease Surveillance Workshop, March 2003; OLS North/South Livestock Co-ordination Meeting, May 2003; CBPP Control Workshop, July 2003; and a series of Training Workshop on Community Animal Health for Veterinarians held in Kadugli, Juba, Malakal and Nyala, March-May 2003) there has been a growing recognised need for a policy level workshop to endorse the current work, and plans to take this forward into the future.

This workshop is intended so that experienced and policy level personnel can consider the work so far undertaken, question and discuss with relevant resource personnel, and endorse specific recommendations for taking forward this work in order to improve veterinary services for Sudan for the future.

OBJECTIVES & TOPICS OF THE WORKSHOP:

To:
- Review the experience of community-based delivery of animal health services in Sudan and in other countries in the Horn of Africa Region and elsewhere;
- Review the current situation regarding community-based delivery of animal health services in Sudan;
- Review existing legislation affecting CAHWs and current draft amendments to this legislation;
- Examine the roles and responsibilities of CAHWs, and the necessary institutional frameworks for their work, proposed by the OIE;
- Examine the role of Sudanese national institutions in formulating legal, regulatory and administrative frame works governing community-based delivery of animal health services in Sudan;
- Identify current constraints to community-based delivery of animal health services in Sudan;
- Recommend methods and means to overcome these constraints and to strengthen the community-based delivery of animal health services in Sudan;
- Endorse the proposed recommendations (as presented or with modifications), together with the detailed work-plans and resources needed to ensure their successful implementation.
PROCEEDINGS

DAY 1

The opening session

Distinguished and key persons attended the opening ceremony from the Federal Ministry of Animal Resources and Fisheries, AU/IBAR, FAO Head Office in Khartoum, and NGOs.

Dr. Ahmed Mustafa Hassan, the Undersecretary of the Federal Ministry of Animal Resources and Fisheries; Dr. Andy Catley from AU/IBAR/CAPE, Nairobi, and Dr. Bashir Taha Mohammed Taha, the Director General Animal Health and Epizootic Diseases Control, addressed the opening ceremony.

PRESENTATIONS

SESSION 1: Chairman: Professor Hashim Al Hadi

OIE guidelines on the role, responsibilities and regulation of para-professionals (CAHWs) and the private sector.
Dr. A. M. Hassan, Under-Secretary, FMoAR&F

Summary

The OIE is the International Body, which monitors Animal Diseases world-wide and produces guide-lines on Disease Monitoring, Surveillance and Control for member countries. These guidelines include detailed advice on livestock trade certification, evaluation of veterinary services, surveillance and monitoring of animal diseases, disease risk assessment, and on veterinary service structures. It is also currently considering some guidelines on CAHWs and their place in National Disease Surveillance.

This presentation explained the existing and proposed guide-lines and the implications they have for the development of Animal Health Services in Sudan. The presentation concluded that in most countries livestock services receive less attention from the government. Within veterinary departments, pastoral areas have received less attention than areas occupied by sedentary farmers. This situation is evidenced by poor development of private veterinary services in pastoral areas despite pastoralists are willingly ready to pay for the basic preventive and clinical services.

It is clearly that the process of bringing policy and legislative changes to accommodate CAHWs approach is relatively slow and weak. Involvement of legislative authorities in the process of drafting regulatory measures, discussions and dialogue with different community factions is to be encouraged. Consolidation of CAHWs concept needs encouragement from OIE and other relevant organization to be strengthened and enhanced.

1. Introduction:

World Organization for Animal Health (Office International des Epizootics, OIE) was established in 1924 in Paris. It emerged as a result of rinderpest outbreak in Europe and South America post First World War.

Mandate of this international organization includes co-ordination of international efforts to control animal diseases through their elimination from the international trade of livestock and livestock products. Thus
OIE through its technical wings issued terrestrial animal health code and manual of standards for diagnostic tests and vaccines in addition to other technical publications. OIE used to update these publications regularly.

2. Constraints of veterinary service delivery in pastoral areas:

Veterinary services are poorly developed generally in many underdeveloped countries of Africa and Asia. The situation is particularly serious in more remote, dry land areas inhabited by pastoral and agro-pastoral communities. These areas are characterized by their large size, harsh climate, poor infrastructure, and relatively small but mobile human populations. These factors are constraints to conventional fixed-point service delivery through facilities such as government or private, urban-based veterinary clinics (Catley et al, 1998)

The control of epizootics has been difficult in pastoral livestock due to above mentioned constraints, plus the movement of stock across national boundaries. In certain areas, conflict and insecurity have adversely affected the implementation of large-scale vaccination campaigns.

In addition to the logistical difficulties of working in pastoral areas, there are important political and cultural barriers. Most pastoral ethnic groups in African countries have limited political power. Their reliance on livestock coupled with a mobile life style continues to be viewed by more urban and educated people as backward and wasteful. Most governments are inclined towards an opinion of sedenterisation as a solution to the problem of mobile systems undertaken by the pastoralists (Oxby, C, 1989).

Professionals from non-pastoral ethnic groups are often reluctant to work in pastoral areas (Schwabe, 1980). This is due to language barriers between the professionals and the pastoral communities and less acknowledgement of understanding of pastoral way of life. This might develop a degree of frustration and desperate which adversely affect the performance and quality of delivered veterinary services.

Catley et al (1998), enumerated the problems facing veterinary services in some African countries to be: vastness of the pastoral area with harsh climatic and environmental conditions, low staffing percentage compared to number of livestock in the area (recommended staffing levels to be, 240,000 veterinary livestock units (VLU) per veterinarian and 12,500 VLU per veterinary assistant), poor infrastructures, limited vaccination coverage, poor system of cost recovery (de Haan and Nissen, 1985).

In countries where privatization was judged, to be relatively successful, private veterinary pharmacies and clinics were concentrated around urban or peri-urban centres in mainly highland areas (Tambi et al, 1997).

3. Terrestrial animal health code and veterinary service quality:

The principal aim of the International Animal Health Code (Code) of Office International des Epizooties (OIE) is to facilitate international trade in animals and animal products through the detailed definition of the minimum health guarantees to be required by trading partners so as to avoid the risk of spreading animal diseases inherent in such exchanges (Blancou and Rees, 1992).

The above-mentioned health guarantees are health certificates issued by the authorized official national veterinary officer in the exporting country. The Code is one of the effective tools of the international trade in livestock and livestock products. All countries adopt the Code procedures in order to avoid any risk or hazard to human and animal health from introducing to their territories an infectious agent through importation.

Because of the variation of sanitary situation in exporting and importing countries, the Code offered importing countries widely selected options, for sanitary requirements, but precisely based on scientific justification.
The Code also specifies the general sanitary requirement enforced by importing countries, which are almost associated with quality of veterinary services in the exporting country. An exporting country should be prepared to supply the importing country with information for the assessment of the veterinary services. The most important information package is the status of list ‘A’ and ‘B’ diseases. Moreover information of the veterinary service structure, the distribution of the services and the readiness to communicate the reports of disease outbreaks at any focus in the country in addition to the diagnostic capabilities existing in the exporting country are all required information by the importing country.

3.1. Livestock trade certification:
The Code in article 1.2.2.1. emphasizes the necessity of certification which should be based on scientific justification. Certification should be based on exact and concise conditions, which already agreed upon between veterinary authorities of both importing and exporting countries. It should be based on highly ethical standards and avoid including any doubtful sanitary conditions.

3.2. Evaluation of veterinary services:
The Code in article 1.3.3. also offers the OIE member countries the right to undertake an evaluation of another countries’ veterinary services where reasons exist concerning trade in animal, animal products, animal genetic material, biological products and animal feed-stuff between the two countries. This evaluation should be concluded on bilateral basis.

evaluation of veterinary services includes assessment of human resources. The main core of these resources is the veterinarians in both public and private sector. Also includes graduate staff non-veterinarians, technical assistants employed by the veterinary services and those involved in public veterinary services.

The Code in article 1.4.2. obliges the exporting countries to export from their territories animals for breeding, rearing or slaughter which is correctly identified and which come from a farm or any agricultural establishment free from list ‘A’ diseases and not situated in an infected zone. This means that these animals should be kept under strict veterinary observation before been transported. The observation is only through keeping these animals in quarantine for an appropriate time.

The evaluation criteria include the type of trade, the animals, or products involved, the animal production system existing in the respective country, the animal health status, and veterinary public health standards (The Code, 2003).

3.3. Surveillance and monitoring of animal diseases:
Surveillance and monitoring of animal disease is one of the vital activities stipulated in the code. It is clearly stated in article 1.3.6. Surveillance is the act of investigation for occurrence of a disease in a population for control purposes. Monitoring is the process directed towards detection of changes in the prevalence of disease in a given population and in its environment. Both these activities are conducted by veterinary staff either in public or private sectors.

In many countries in Africa, veterinary services used trained livestock herders as vaccinators or reporters of disease outbreaks. These workers were given basic training, which enable them to carry out primary health care associated with vaccination and curative activities.

In most of community animal health systems, workers are expected to treat a limited range of important animal health problems. These problems are identified via participatory assessments with livestock keepers and the project focuses on those ailments that are locally prioritized. Typical animal health problems covered by CBAHWs include worms, ticks, flukes, Trypanosomiasis, and various infectious diseases responsive to antibiotics. In addition, vaccination against the most important diseases also takes major part of time for the CAHWs. They also act as reporters for disease outbreaks. The message for notification of disease outbreak is usually communicated to CAHWS supervisor, NGO staff, or local government veterinary officer (Jones et al., 1998).

3.4. Risk assessment, evaluation and management:
The Code realizes that the importation of animals and animal products may involve a degree of risk to
the importing country. Thus OIE developed a system of risk assessment. This indicates the process of identifying and estimating the risks associated with the importation of a commodity and evaluating the consequences of taking those risks. There are many factors, which are involved in the estimation of risk assessment. The most important of these risk probabilities are the probability of causative agent entry and the probability of exposure of susceptible species in the importing country. Multiplication of both these two factors would result in the unrestricted risk estimation. This constitutes the quantitative risk assessment model.

The Code defined the procedure of risk estimation, through interpretation of all the factors involved in the model. It defined agent entry factor because of simple multiplication of country and commodity factors. The country factor is the estimation of the prevalence of disease (product of the number of outbreaks that occurred in the previous 12 months) in the exporting country, the average herd or flock size, and the average duration of infection over the denominator of the number of animals in the population. Principally, this information could be extracted from OIE statistics. The country factor could be further modified by the result of evaluation of veterinary services in the exporting country.

The commodity factor is an estimation of the probability of the agent being present in the commodity at the time of import. This is affected by the survival rate of the agent. There are many determinants, which should be considered in calculation of this factor. These determinants include species, age and breed; characteristic features of the agent; physical and environmental conditions prevailing in the country. Concerning the agent information it could be collected from the scientific literature.

The number of animal import units, influences the probability of agent entry. A single animal of any species represents an animal import unit. Animal products should be given a kilogram weight equivalency for one animal import unit.

The probability of exposure of importing country to risk from importation of any commodity is estimated by considering that any imported commodity is exposed to animals and human in the importing country. This exposure depends on many factors: nature of the commodity, type of agent, human and animal demography, mode of transmission of the agent, animal health legislation, and customs and cultural practices.

Both importing and exporting countries, whenever there is any intention of importation, they should embark themselves in serious negotiations to select the best way to establish bilateral agreement which might facilitate selection of the appropriate scenario for developing proper risk assessment.

OIE is always encouraging member countries to establish bilateral agreements based on scientific justification to facilitate flow of international trade.

4. Conclusion:

It is well known that in most countries, livestock services receive less attention from the government. Within veterinary departments, pastoral areas have received less attention than areas occupied by sedentary farmers. This situation is evidenced by poor development of private veterinary services in pastoral areas despite pastoralists are willingly ready to pay for the basic preventive and clinical services.

It is clearly observed that the process of bringing policy and legislative changes to accommodate CAHWs approach is relatively slow and weak. Involvement of lawyers and other legislators in the process of drafting regulatory measures, discussions and dialogues with different community factions. Consolidation of CAHWs concept needs encouragement from OIE and other relevant organizations to be strengthened and enhanced (Hassan, 2001).
Community-based Animal Healthcare in the Horn of Africa Region:
Where Are We Now?
Andy Catley, CAPE Unit, AU/IBAR

Summary

This paper explained briefly the concept of Community-based Animal Healthcare and the current situation regarding CAH, especially legislation, regulation, integration and support, in other countries in the Horn of Africa Region. The paper showed that many countries are in the process of revising their policies and legislation to support veterinary supervised & privatised CAHWs. Important points included the need for national guidelines for CAHWs and licensing of CAHWs by the relevant regulatory bodies. The current position of the OIE and AU/IBAR was presented. AU/IBAR has recently developed guidelines for government veterinary services with regards policy & legislation of CAHWs, according to the principles of the OIE Code. These guidelines include quality indicators for the objective assessment of CAHW systems.

Aims of the presentation:

- To review some of the basic concepts of CAHWs.
- To provide a regional overview of recent experiences in developing policy & legislation for CAHWs.

References


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BASIC CONCEPTS

What does ‘community-based’ mean?

**Definition 1**
Someone who is ‘community-based’ is physically present in a given community.
The person:
- is usually government-employed;
- is recruited according to government perceptions of community needs;
- conducts activities according to government priorities;
- is not selected by the community;
- in some countries, is not of the same ethnicity or culture.

**Definition 2**
Someone who is ‘community-based’ is defined by community involvement in:
- analysis of local problems;
- selection of people for training;
- monitoring & evaluation.
PLUS,
- the worker is a private sector worker, supervised by more qualified, private sector personnel.

Experiences with ‘CAHWs’

**Definition 1: Physically present in community**
- These workers can provide a useful service;
- Requires continuous & relatively expensive government management & funding;
- In general, sustainability is poor.

*Example:*
- The old ‘vet-scout’ system in East Africa

*Where does it work well?*
- Eritrea

**Definition 2: Community & private sector involvement**
- These workers can provide a useful service;
- Requires government support mainly at central policy & regulation levels;
- In general sustainability is good if located in the private sector & veterinary supervised.

*Example:
- CAHWs from the late 1980s?

*Where does it work well?*
- Pastoral areas of Kenya, Tanzania, Uganda, Somalia, Ethiopia & Sudan

A definition of ‘Community Animal Health Worker’

A worker who:
- is created through a process of community involvement in selection, training and evaluation;
- is supplied and supervised by private sector veterinary workers (veterinarians or veterinary assistants);
- receives financial incentives according to the principles governing any small business;
- complements the activities and business performance of a private veterinary clinic or pharmacy.

Typically a CAHW is:
- a part-time worker;
- treats or prevents a limited range of livestock diseases (e.g. worms, ticks and so on) according to client demand.
REGIONAL OVERVIEW

Policy & Legislative Change for Privatised, Veterinary Supervised CAHW Systems

Many countries are in the process of changing the structure, policies and rules of veterinary services to support privatisation & CAHWs.

Kenya, Uganda and Ethiopia are developing national guidelines for the selection, training & supervision of CAHWs.

National CAHW guidelines include a ‘standardised CAHW curriculum’:
- core component: required by all CAHWs;
- adaptive component: according to area-specific disease problems;
- focus on adult learning, participatory training methodology;
- forms a standard for training in veterinary legislation and regulation.

The existing veterinary legislation in South Africa is proving to be a useful model for legislative reform.

For example:
- the only named types of veterinary worker in the primary legislation are ‘veterinarian’ and ‘para-veterinary professional’;
- para-veterinary professional includes all types of veterinary worker without a university degree and who should practice under the supervision of a veterinarian;
- specific types of ‘para-veterinary professional are not named in the primary legislation, but in subsidiary legislation;
- the role of the Veterinary Council as an independent regulatory body is clearly defined.

Countries where this model has been used and adapted in revised draft legislation include Kenya, Tanzania and Eritrea

Regional Experiences: CAHWs, Policy & Privatisation

Policy & legislative change on CAHWs should go hand-in-hand with policy & legislative change to support veterinary privatisation.

In rural areas, the performance of private veterinary clinics & pharmacies is heavily dependent on drug turnover.

A private veterinarian running a business with CAHWs has:
- expanded coverage;
- more clients;
- more sales;
- greater profits;
- greater potential to improve livestock health.

But private veterinarians trying to run businesses with CAHWs face the following policy constraint:
- In those countries where CAHWs are illegal a key factor for business success is also illegal.

Regarding policy on veterinary privatisation:
- In some countries there is no clear policy on privatisation.
- What should the government service handle?
- What should the private sector handle?
- Policy may exist but commitment to implementation is weak.
- Private vets in many countries continue to face unfair competition from government vets.
Veterinary associations have been vocal opponents of CAHWs, claiming competition between vets and CAHWs.  

But,  
- field experience & research plus economic theory contradict this point of view;  
- if properly organised & regulated, CAHWs are complementary to professionally run private veterinary practices.  

Therefore,  
- a role for veterinary associations is to inform their members of the potential benefits of veterinary supervised & private CAHW systems (e.g. Ethiopia).

Contracting out  
The business performance of private vet-CAHW practices can be greatly enhance by receipt of contracts from government e.g. vaccination; surveillance.  
However, very few countries in the region regularly contract out such activities.

Policy coherence  
Private veterinarians can be affected by non-veterinary policies e.g.  
- Livestock marketing  
- Emergency relief  

… requires policy harmonisation between sectors

Policy Change  
New policies and legislation seem to be most effective when:  
- the process of developing new policies involves all stakeholder groups;  
- the private sector is well represented;  
- veterinary policy makers seek outside assistance e.g. from experts in legislation, privatisation & facilitation/negotiation;  
- concerns of opponents to change are addressed e.g. by pilot projects, research and exposure visits;  
- particular emphasis is directed towards listening to livestock keepers.

International Guidelines on CAHWs  

From January 2003 - OIE ad hoc committee on the role of the private sector & para-veterinary professionals in veterinary service delivery; an ongoing process.

April 2003 - AU/IBAR guidelines for use of CAHWs:  
Relates the use of CAHWs to the section of the OIE Code dealing with evaluation of veterinary services;  
Includes ‘quality indicators’ for measuring best practice implementation of privatised CAHW systems.
Current legislation affecting CAH and the proposed changes.
Moulana Joseph Sulieman Khalil, DG for Legislation, Ministry of Justice &
Khalid Ibramin, Legal Adviser, FMoAR&F

Summary
The legal advisor of the FMOAR&F and the representative of the attorney general gave a brief introduction to legislation, clarifying, for example, the differences between Primary and Secondary Legislation. They explained briefly the legislation that currently regulates veterinary services, and the legislative and regulatory issues that affect the work of CAHWs, for example the range of activities that are protected under Veterinary legislation. The first step towards changing the legislation would be to write a detailed paper on current legislative regulation of veterinary work, including drafts of proposed changes. This could then be examined in detail by a task force. They looked forward to hearing more ideas about proposed changes to legislation concerning the CAHWs activities during the working groups. This would be the time also for discussing a more detailed work plan for revision of the legislation.

Experience with CAH in Sudan. Short presentations by DAHEDC, FAO, Vet-Serve, GAA, & Department of Extension.

Summary
These papers gave policy level workshop participants a clearer idea of what CAH work means on the ground, & a practical picture of the issues this workshop is addressing. They will give a brief overview of CAH experience across Sudan from different viewpoints, highlighting strengths, weaknesses and constraints to current CAH work.

Five short presentations were made:

1. Department of Animal Health and epizootic Diseases Control
   • Community based delivery of animal health services is an old practice experienced in Sudan for the last 50 years due to remoteness and the traditional way of livestock management.
   • Due to remoteness and civil strife in some risk areas, conventional veterinary services were not extended to many parts of the country. CAHWs approached proved to be the effective mean to ensure better coverage.
   • The Ministry of Animal Resources, in collaboration with UN agencies and NGOs, adopted the community-based animal health services approach. This dealt with the delivery of veterinary services mainly in animal health and epizootic disease control in the remote and risk areas.

2. FAO emergency unit Khartoum
   The presentation explained the concept and roles of CAHWs.

3. Vet Serve
   Introduction was made to the newly established organization.
   The previous experience with CAHWs approach (as El Bir) was stated.

4. GAA
   The experience of GAA in the field of CAHWs practice was introduced.

5. Department of Extension
   CAHWs and Extension
DAHEDC: Experience with CAH in Sudan.
Dr. Mohammed Abdel Razig, DAHEDC

Background:

Government veterinary services were established in the early 1900s and have addressed all aspects of epizootic disease control, research, quarantine and animal export and import. Animal production business, dispensing of a short list of drugs, running of private veterinary clinics and dispensaries, animal marketing and other related business are undertaken by the private sector.

In the 1930s, the Sudan Veterinary Service produced an inactivated rinderpest vaccine, which was popular with cattle owners. The goat adapted rinderpest vaccine was introduced from Kenya in 1949. In 1969, Sudan was included in the JP15 rinderpest campaign, which ended in 1976. After JP15, the peak year for rinderpest control was in 1976/77 when over 4 million cattle were vaccinated. Vaccination numbers then dropped and, between 1975 and 1979, almost all of the clinically diagnosed and confirmed cases of rinderpest were east of the Blue Nile. From 1980 to 1983, disease outbreaks were at their maximum. In 1983/84, the serious epidemic of rinderpest killed almost 500 000 cattle in Darfur and Kordofan.

In 1989, the Government of Sudan launched the Pan-African Rinderpest Campaign (PARC) in Sudan. There were several sources of finance, namely: the EDF, which covered costs of mobile units, equipment, and radio communication sets; the FAO, which provided audiovisual aids and communication inputs; IAEA, which provided sero-monitoring inputs, training and technical assistance in disease surveillance and Geographical Information System (GIS); and, the Government of Sudan (GoS), which established all infrastructures, provided veterinary equipment, salaries and wages, and all operating costs.

The objectives of the Ministry of Animal Resources represented by DAHEDC/ PARC-Sudan were to control and eradicate rinderpest and CBPP, and upgrade field veterinary services. PARC Sudan achieved other objectives, such as improving field veterinary services, developing viral vaccine production capabilities, upgrading extension services through implementing mass communication programme, thus bridging the gap between herders and veterinary authorities. The project provided infrastructures at the central co-ordination office at Khartoum including a viral vaccine production compound at the central veterinary research, infrastructure at regional offices, provision of vehicles, cold chain supplies, veterinary equipment for 62 mobile teams, and equipment and materials for an information unit.

The PACE Sudan project physically started in February 2003. This is the date of arrival of the project technical assistance manager. The project will have four main outputs (or results) that are aligned to the four thrusts of the global PACE Programme. These are:

Result 1
The necessary capacities of veterinary services and project management are established and the range of skills for the national epidemic-surveillance network is broadened and strengthened on a sustainable basis.

Result 2
Community-based systems for effectively co-ordinated delivery of preventive and curative veterinary services and medicines are functional.

Result 3
Sudan is on schedule to be internationally recognized as free of rinderpest disease in 2005.

Result 4
A strong basis for the development of appropriate strategies for the control of priority epizootic diseases is in place.
Community-based delivery of animal health services in Sudan:

Community based delivery of animal health services is an old practice experienced in Sudan for the last 50 years due to remoteness and the traditional way of livestock management. This system is solely linked to the public veterinary services.

Due to remoteness and civil strife in some risk areas, The conventional veterinary services were not extended to those risk areas where there is break down of commercial network, closure of trading routes, increased prevalence of diseases and livestock displacement, this resulted in many pastoralists lose their traditional means of survival.

It is known also that Sudan Succeeded in controlling rinderpest and other epidemic diseases in northern states the southern states still constituting a threat as source of infection to the rest of the country and neighboring countries. Thus according to the regional strategy of disease control in Africa, means and methods should be applied for diseases control activities in this risk area.

Ministry of Animal Resources represented by DAHEDC/ PARC, in collaboration with UNICEF (OLS livestock programme), adopted the community-based animal health services approach. This dealt with the delivery of veterinary services mainly in animal health and epizootic disease control in the risk areas in southern Sudan with the collaboration with NGOs.

In 1993, Ministry of Animal Resources represented by DAHEDC/ PARC recommended the use of a new heat stable rinderpest vaccine, which has allowed the decentralization of vaccination teams currently operating in Sudan allowing vaccination in all areas to be reached. This decentralization approach using heat stable vaccine gained recognition within PARC as the method of choice in regions that have poor infrastructures and resources.

It is therefore recommended that Community Based Animal Health Workers (CAHWs) to be selected and trained. The approach to training CAHWs by different NGOs should be standardized and address the problem of the community as well as PARC. Currently there are 700 animal health workers in southern Sudan providing services to 80% of agro-pastoralists areas.

OLS Intervention:

In 1989, Operation Lifeline Sudan, a consortium of UN agencies and NGOs, started to provide emergency relief and humanitarian assistance to the war-affected communities of southern Sudan to try to prevent a repetition of the 1988 famine. OLS activities include assistance for food relief, water, human health, education, fisheries, crop production and animal health.

OLS northern sector works in the areas of southern Sudan that are under the control of the Government, and the Government, specifically the Department of Animal Health and Epizootic Disease Control (AHEADC), which includes PARC Sudan, is the counterpart of the northern sector livestock programme.

In recognition of the importance of livestock to food security, and therefore child nutrition, the vaccination of cattle against rinderpest became a component of the UNICEF programme. Heat labile vaccine was provided free of charge, and vaccinators were trained, equipped and monitored by one UNICEF veterinarian. The ICRC (International Committee of the Red Cross) also provided rinderpest vaccine. In 1993, UNICEF started a new programme to develop a community-based, decentralized, privatized animal health service, with technical support from Tufts University School of Veterinary Medicine. In addition to its focus on rinderpest vaccination, this programme gradually widened its activities to include control of major cattle, sheep, goat and poultry diseases.

CAHWs provided treatments and vaccinations on a cost recovery basis. The UNICEF/OLS southern sector livestock programme worked in both Government and rebel-held areas until 1996.
In 1996, Tufts University provided further technical support to Ministry of Animal Resources represented by DAHEDC/ PARC /UNICEF/OLS northern sector to start a programme, which, like the southern sector, initially focused on training of vaccinators and rinderpest vaccination, but later increased its activities to facilitation of community-based animal health services (CAHS).

In 2000, UNICEF passed its role in the livestock programme to FAO. Currently the OLS livestock programme covers approximately 80% of southern Sudan. It is composed of FAO and various NGOs - twelve NGOs (ACROSS, ACORD, ADRA, DOT, NPA, Oxfam-GB, Oxfam-Quebec, SCF-UK, VSF-Belgium, VSF-Germany, VSF-Switzerland, VETWORK Sudan) facilitating CAHS in southern sector areas; and five (Oxfam-GB, Accomplish, GAA, Nile Milk Producers, El Bir) in northern sector areas.

Over a thousand animal health workers have been trained and are currently active. More than 50 FAO/NGO veterinarians/livestock professionals support these. FAO northern and southern sector livestock projects directly facilitate CAHS projects in certain areas of southern Sudan and provide a lead agency co-ordination role for the NGOs participating in the programme. The FAO livestock projects are funded mainly from emergency funds from several donor governments. The NGO projects facilitate CAHS projects in complementary areas of southern Sudan and one NGO, VSF-B provides training for mid-level animal health personnel. Funds for the NGO projects are secured by individual NGOs from a variety of donors. The FAO livestock project provides some material and technical support to the NGOs, including vaccines and vaccination equipment.

Since 1993, more than 7.5 million cattle have been vaccinated against rinderpest in the southern sector, an average of more than 1 million vaccinations per year. Efficacy of vaccination has been monitored to a limited extent in southern sector through collection of sera from cattle camps where vaccination has been carried out. The National Veterinary Laboratory, Muguga, Kenya, used ELISA tests to detect the presence of rinderpest antibody. Although the sample size is small, the results indicate that vaccine handling and injection is being carried out effectively by CAHWs. The percentage of sero-positive animals averaged 76% compared to 31% in unvaccinated animals.

Efforts towards regulation of CAH services in Sudan:

The 4th co-ordination meeting held at PARC Headquarters during the period 30th November to 2nd December 1999 was under the theme: ‘Community-based animal health workers approach as an effective tool for disease control’.

37 participants representing OAU/IBAR, PARC, relevant departments at the Ministry of Animal Resources, central and regional veterinary research laboratories, field veterinary staff, UNICEF veterinary field staff and NGOS attended the meeting.

The following problems were identified:

- Policy and strategy problems facing CAHW approach
- Local authority related problems
- Local community (CAHWs) related problems
- Partner related problems (NGOS & HQ)
- Administrative problems
- Logistical and natural constraints

After lengthy deliberations the meeting came up with the following recommendations:

1. On policy and strategy problems concerning CAHWs:
   - Selection of CAHWs trainees should be done after extensive and lengthy community dialogue.
   - Selection criteria should include community-based selection, personal characteristics (respect, honesty, dedication etc.), interest, literacy, competence, fitness and logistics.
   - Training of CAHWs should be standardized and provide extension package training with a later refresher training to address identified problems.
   - Logistic support is to be provided covering field equipment, essential drugs and vaccines.
• Management issues include Identity cards provision, identification of focal points and community involvement to ensure effective supervision.
• Ensure proper hand over of the CAHWs to their communities with possible social contracts.
• Regular Reporting and re identification
• The terms of reference should include areas of coverage & range of permissible activities.
• Promotion of co-ordination between CAHWs and provision of extension packages adhering to veterinary ethics
• On monitoring and evaluation of the CAHWs management, terms of reference, technical, social and economic should be followed.

2. On local authority related problems:
• Enlighten the local authorities on operational activities
• HAC to facilitate permits following notification by the programme
• Include security personnel in training sessions and field visits for transparency
• Initiate signing of Letter of Agreement with local authorities to ensure that cost recovery funds are not diverted, but returned 100% to local cattle community and cars or other operational assets are not commandeered or in any way interfered with.
• Provision of Identical cards for CAHWs to facilitate their movement and identification.

3. On the Local community related problems:
• Continuous community dialogues.
• Selection of CAHWs must be by the community following the laid down criteria for selection.
• Secure regular supply of vaccines and drugs for continuity of projects.
• Regular monitoring by implementing NGOs/ UN agencies and PARC.
• Cash-flow problem (payment in kinds) to be resolved at community level.

4. On the Partner related problems:
• Strengthen coordination and ensure LDCC are formed and regular meetings are held.
• Undertake standardization of training curricula for CAHWs
• Standardize reporting format and ensure sharing of reports/information flow between the partners
• Resources of NGOs/ UN agencies to be availed to LDCC for coordination of activities
• Establishment of data base system for mapping for progress/status of RP and other diseases

5. On the Administrative related problems:
• Sharing and exchange of information and laboratory results
• Timely funding by donors
• Quick response and support to field requests
• Regular and constant funding and supplies to support the PARC/ regional offices.

6. On the Logistical and natural problems:
• Include cold chains maintenance in the training curricula of CAHWs
• Provision of cold chain and spare parts and kerosene for all operational stations.
• Timely pre-positioning of vehicle, fuel and lubricants in adequate quantities
• Timely pre-positioning of vaccines, drugs and equipment to areas inaccessible during rainy season

7. On strengthening coordination:
• Regular meetings and report sharing
• Transparency among partners
• Harmonization meetings and exchange of visits between the states and bordering countries
• Financial support to LDCC to perform their activities effectively
• Unification of drugs and vaccines prices between all partners
• Recommendations should be adopted and followed.

The following recommendations on Community Based Animal Health Services were recorded:
- The value of CAH to national disease control and surveillance needs to be recognised, and protected by legislation.
- CAH support activities, including training, supply and reporting chains, should be adequately provided for in work plans and budgets.
- Systems for standardisation of training, regulation, monitoring and evaluation should continue to be developed.

In Collaboration with AU/IBAR PACE& CAPE the Ministry of Animal Resources and Fisheries is currently organizing a workshop on ‘Strengthening the Role, Regulation & Legislation of Community Based Animal Health Workers (CAHWs) in Sudan’. The following are the workshop objectives:
- Review the experience of community-based delivery of animal health services in Sudan and in other countries in the Horn of Africa Region and elsewhere;
- Review the current situation regarding community-based delivery of animal health services in Sudan;
- Review existing legislation affecting CAHWs and current draft amendments to this legislation;
- Examine the roles and responsibilities of CAHWs, and the necessary institutional frameworks for their work, proposed by the OIE;
- Examine the role of Sudanese national institutions in formulating legal, regulatory and administrative frame works governing community-based delivery of animal health services in Sudan;
- Identify current constraints to community-based delivery of animal health services in Sudan;
- Recommend methods and means to overcome these constraints and to strengthen the community-based delivery of animal health services in Sudan;
- Endorse the proposed recommendations (as presented or with modifications), together with the detailed work-plans and resources needed to ensure their successful implementation.

FAO experience with CAH in Sudan
Adam Adam Saleh, Livestock Programme, FAO

What is a CAHW?
- A person from the community selected by the community following a community dialogue and trained to deliver basic animal health services to his/her community.

Characteristics of the CAHW:
- Stays with his/her community
- Dedicated
- Honest
- Respected
- Respectful
- Ability and capacity to learn
- (Literacy)
- (Age)

Primary functions and duties of the CAHW:
- Vaccinate animals
- Provide treatments
- Ability to describe salient disease symptoms
• Report disease rumours/outbreaks
• Knowledge/use of basic drugs and vaccines
• (Ability to collect/dispatch samples)

**Important secondary functions and duties of the CAHW:**
• Ability to recognise adulterated drugs/vaccines
• Ability to advise on dead carcass disposal
• Knowledge of the basics of hygiene of foods of animal origin (basic meat inspection)
• Ability to assist in conflict resolution
• Ability to deliver extension messages &…
• Ability to raise community awareness on the impact of HIV/AIDS and malaria on livestock raising,
• Ability to raise community awareness on environmentally sound use of the resources

**CAHWs and rinderpest control in southern Sudan and the transitional zone**
• More than 1 500 CAHWs trained,
• At least 90% of vaccinations in southern Sudan were carried out by CAHWs
• In some locations (Pibor, Kapoeta) 100% of vaccinations were carried out by CAHWs
• In Pibor, the CAHWs covered 90% of the cattle population against rinderpest
• In Kapoeta, the CAHWs covered over 90% of the cattle population against rinderpest,
• Important role in rinderpest rumour reporting,
• Lead community dialogue on rinderpest awareness and rinderpest control policy (e.g. cessation of vaccination against rinderpest)

**CAHW Activities 2002**

**Treatments:**
- Cattle 60,000
- Sheep and goats 40,000
- Chickens 5,000
- **Total** 105,000

**Vaccinations :**
- Rinderpest 185,000
- HS 451,000
- CBPP 56,000
- Anthrax/BQ 537,000
- PPR 480
- Sheep pox 159,000
- Rabies 231
- NCD 1,413

**Strengths of Community-based Animal Health Care Delivery System**
• Without CAHWs, southern Sudan would not have reached the current stage of rinderpest control/eradication;
• Community acceptance of the CAHW;
• Continuous/frequent presence of the CAHW among his/her community;
• Availability and access to services in remote areas;
• Link between the community and the veterinary authorities;
• Reporting disease rumours/outbreaks to the authorities;
• Bring basic services to areas which would not otherwise receive them;
• Cost to FMOAR&F $0.00

**Weaknesses of Community-based Animal Health Care Delivery System**
• Limited training of CAHWs;
• Difficult to supervise / lack of middle cadre of supervisors;
Lack of legislation causes difficulties;
Limited linkages to state veterinary system;
Potential to compete with veterinarians;
Overly institutionalised;

Constraints to Community-based Animal Health Care Delivery System
- Not fully recognised by GoS veterinary authorities;
- Lack of legislation supporting CAHWs;
- Difficulties in achieving financial sustainability;
- Unfair competition from recognised service providers and from black market medicine supplies;
- High cost of supply of inputs (cold chain, vaccines, drugs, etc);
- Making transition from cost recovery to privatisation and clarifying the role of CAHWs in that process.

Vet-Serve Experience in Veterinary Services
Dr. Omer Ahmed Awad, Vet-Serve

Foreword:
- Vet-Serve is a non-governmental organisation.
- It works mainly in veterinary services.
- It registered with this name in HAC since 2001.

Objectives of the organization:
1. Development of inaccessible areas (from wars and disasters).
2. Development of veterinary services.
3. Awareness of veterinary staff.

Organization cadres:
Veterinarians, technicians, vet assistants, International Experts.

Area of work:
1. Southern Sudan: Terakeka, Bahr el Jebel; Aweil, North Bahr el Ghazal; Bentiu, Unity.
2. Western Sudan: West Kordufan (Muglad, Mairm, Abyei).
3. Khartoum, Gedarif

Activities on those areas:
1. Establishment and supervision in each state of: vet hospital, vet centre, or pharmacy.
2. Vaccination campaigns on a yearly basis (number of vaccinated livestock: 300,000 head).
3. Assistance of vaccination campaigns by State Ministries
4. Animal health activities, control of epizootics, training, veterinary extension and animal production.

Experiences of the organizations:
2. Training of paravets, CAHWs: in co-ordination with Ministry of Animal Resources at State level and FAO, Vet-Serve succeeded to train 300 CAHW every year.

Topics of training:
- Participation in vaccination in campaigns.
- Disease reporting.
- Breeding up grading.
- Drugs usage.

Constraints:
1. Lack of co-ordination with different veterinary partners at State level.
2. Weakness of flow of information and information exchange.

**Mobile clinic project:**
Started two years ago, facilitation of mobile clinic to cover Bentiu and area around it.

**German Agro-Action (GAA) Livestock Project: Experiences with CAH**
Dr. Osman Fadul Ahmed

**Background**
- GAA livestock project started on May 2001 with CAHWs training;
- Vehicles and equipment arrived in June 2001;
- Operation areas, were Abyei province, Debab Locality, West Kordofan State;
- Pariang could not be implemented due to insecurity;
- Survey was done in Unity State to identify animal Health priorities;
- An assessment was done in Debab before the start of the project.

**Capacity building**
- Training of 53 CAHWs 95% active (18 in Mayom and 35 in Debab), of these three were ladies;
- 3 Primary, 3 refresher, one supervisors and one LDCC orientation training’s were conducted;
- Establishment of simple diagnostic unit in Debab;
- Instalment of cold chain system in Debab;
- Training of CAHWs and other health auxiliaries on Simple cold chain maintenance (62 trained, 22 of them in the project area).

**Achievements**
- 100% cost recovery accomplished

**Vaccinations** from July 2001 to July 2003.

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<thead>
<tr>
<th>Disease</th>
<th>Number</th>
<th>Period</th>
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</thead>
<tbody>
<tr>
<td>Rinderpest</td>
<td>95,450</td>
<td>(July 2001- Dec 2001)</td>
</tr>
<tr>
<td>HS</td>
<td>164,710</td>
<td></td>
</tr>
<tr>
<td>BQ</td>
<td>84,980</td>
<td></td>
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<tr>
<td>Anthrax</td>
<td>51,340</td>
<td></td>
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<tr>
<td>Pox</td>
<td>174,300</td>
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<tr>
<td>CBPP</td>
<td>14,425</td>
<td></td>
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<tr>
<td>PPR</td>
<td>1,000</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td>586,205</td>
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**Treatments from July 01 up to July 03**

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<th>Animal</th>
<th>Tick Fever</th>
<th>Mange</th>
<th>Internal Parasites</th>
<th>Footrot</th>
<th>Wounds</th>
<th>Ringworm</th>
<th>Abscesses</th>
<th>Lamines</th>
<th>Anal Prolapse</th>
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<td>sheep</td>
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<td><strong>Total</strong></td>
<td>760</td>
<td>106</td>
<td>3,747</td>
<td>225</td>
<td>50</td>
<td>52</td>
<td>7</td>
<td>8</td>
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Livestock Development Co-ordination Committee (LDCC)

An LDCC was formed with the objective of:

- Selection and monitoring of CAHWs
- Run the cost recovery system
- Take over after phasing out of the organization

Co-ordination

- Co-ordination meetings between GAA, FAO and State ministry of animal resources took place
- Participation in workshops organized by either sides (OLS N/S & S/S)
- Information sharing
- Exchange of reports

Constraints

- Community misunderstanding
- Initial weak coordination
- Civil unrest
- Provision problems of vaccine supply
- Reluctant of support for female CAHWs
- Difficulties to sell certain drugs
- Missing protective equipment for the CAHWs

Future plans

- Build up strong cost recovery system
- Installation of second cold chain unit to serve nomads during dry season cattle camps in Unity State
- Strengthening of the LDCC
- 4 Training in Debab and 4 training in Mayom (cheese processing, leatherwork refresher training etc.)
- Community education including women
- Establishment of veterinary complex (clinic, pharmacy, laboratory and offices)
- Establishment of vaccination crushes and slaughter house in Debab
- Distribution of goats to widows

DEPARTMENT OF EXTENSION: CAHWs AND EXTENSION

Dr Ali Adam Al Taher, Department of Extension

Extension services are free services provided by the Ministry to the livestock owners.
A CAHW is not an extension agent because he is not part of the veterinary structure, receives no salary and provides vet services on a cost recovery basis. Above all he is not well trained to be an information source in veterinary aspects, not equipped with enough communication skills.

The fear is of dissemination of incorrect or distorted information and practices among the community which will result in loss of credibility among his community.

Since a CAHW is from the community, therefore he is familiar with the attitudes, behaviour and values of the people whom he serves. He is sanctioned by the local community, so he is keen to avoid mis-behavioural attitudes, eg adulteration; under-dosing; high, unrealistic pricing.

CAHW facilitates the work of the extension agents:
1. Mobilises and persuades his people to co-operate with vaccination teams;
2. Persuades community to attend extension meetings, community dialogue programmes;
3. Organises radio listening groups;
4. Distributes media materials;
5. Helps define the needs of the community;
6. Contributes in extension programme planning and implementation;
7. Source of ethno-science and indigenous technical knowledge.
SESSION 2: Chairman: Dr. Bashir Taha Mohammed Taha

Observations and recommendations from the ‘CAH training workshops for vets’ in Kadugli, Juba, Malakal And Nyala.
Stephen Blakeway, CAPE

Summary

This paper complements the previous presentations by adding observations and recommendations that emerged during the recent series of CAH training workshops.

The paper raised some issues to be addressed during the course of the workshop:
1. **Veterinary services**: recognition of the vital role played by para-professionals.
2. **Legislation and regulation**: the need for an appropriate and flexible legal framework.
3. **CAH unit**: the need to establish a central CAH unit, and define its terms of reference.
4. **Training and education for vets**: the need to develop a sustainable method for providing necessary training for field vets involved in CAH.
5. **Research**: identification of research needs to inform legislative and policy change, and to identify best CAH practice.
6. **Community involvement**: recognition of the importance of community involvement for the success of the CAH approach, and the possibility of working more closely with social scientists.
7. **Resources**: recognition that changes in policy will require changes to resource allocation.

Background & Introduction

Between March and May 2003, a series of 4 ‘Community Animal Health Training Workshops for Field Vets’ were held in Kadugli, Juba, Malakal and Nyala. The workshops were funded by the CAPE Unit of AU / IBAR.

Workshops were run under the auspices of the Southern Desk & the Department of Animal Health & Epizootic Disease Control in collaboration with the CAPE Unit of AU / IBAR and with assistance from PACE & FAO.

These were the first training workshops for vets on CAH since a similar workshop organised by Unicef / PARC / Oxfam in Juba in 1996.

The workshops covered three main skill or knowledge areas needed by vets involved in CAH projects:
- Community Animal Health (CAH) theory;
- Participatory Rural Appraisal (PRA); and
- Participative Training techniques (PTT).

The participants included:
- 78 Sudanese vets;
- 9 DGs and/or PACE Co-ordinators (covering Jonglei, Eastern Equatoria, Bahr el Jebel, Upper Nile, Bahr el Ghazal, Unity, South Kordofan, South & North Darfur States);
- 6 University staff (2 each from Bahr el Ghazal, Khartoum & Upper Nile Universities);
- 2 Veterinary Assistants who run Private Pharmacies;
- 6 Animal Production / Extension staff;
- veterinary staff of several local and international NGOs; and
- the co-ordinator of a local livestock NGO.
These were training, not planning, workshops. However inevitably many points arose from discussions, and some of these were in the form of recommendations. These are offered to this workshop for consideration.

Observations & Recommendations

What is a CAHW?
By definition, CAHWs:
• are NOT government employees;
• are community members;
• are chosen by their communities; and
• are responsible to their communities; but:
  • are linked technically and through registration to a veterinary surgeon.
CAHWs are NOT vets!

Animal Health Services in Southern Sudan and the Transition Zone.
Maps 1, 2 & 3 (see Annex 5)
• The maps show the numbers and extent of CAHW coverage in Southern Sudan and the Transition Zone.
• For large parts of Sudan (and all of the south), Animal Health services - surveillance, epidemic disease control and treatment of individually sick animals etc - are provided by a combination of vets, VAs, stockmen & CAHWs.
• The maps do not show the figures for the OLS Southern Sector - approximately 700-1,000 CAHWs are working in the Southern Sector.

Veterinary Services
• Sudan has a long standing, extensive, and in many areas apparently successful CAH programme, but with different approaches used in different places.
• Vets, VAs, stockmen & CAHWs all need to be integrated into a clearly defined, supportive, veterinary structure.
• Each needs clearly defined roles & responsibilities ('job descriptions'); (CAHWs should focus on primary veterinary care).
• The private sector and cost recovery mechanisms are vital parts of this structure.

Legislation & Regulation
• The Veterinary Service needs to be protected by appropriate legislation, flexible enough to cope with the evolution of services.
• CAHWs (and other para-professionals) need to be properly integrated into the veterinary service & regulated (licensed).
• The Sudan Veterinary Council (SVC) has an important role to play in this regulation.

CAH Unit
The workshops recommended a central CAH unit at Federal level to (for example):
• identify research needs, formulate minimum standards and promote best practice;
• encourage private vet involvement in CAH;
• ensure proper collaboration between all stakeholders;
• harmonise training curricula;
• register & regulate (in collaboration with SVC).
This Unit should consider working with Social Scientists / Social Anthropologists.
Training & Education for Vets
- Vets request basic, regular, refresher training, as well as specialised training.
- The skills needed to run good CAH projects are not part of normal veterinary training.
- Consideration needs to be given to providing training opportunities for Private Sector Vets.
- A role for:
  - Universities,
  - the Sudan Veterinary Association &
  - State Veterinary Associations?
To provide sustainable continuing training, Universities and Veterinary Associations might work together to develop and provide appropriate, affordable, field based training. These might be distance learning modules developed by Universities or other training institutions and used in the field by groups of vets organised through local Veterinary Associations. These distance learning modules might be organised so that they can contribute cumulatively to field based Certificates, Diplomas, or even Masters Degrees.

Research
Vets want:
- more information about CAH, from Sudan and elsewhere, identifying best practice;
- more research about veterinary service delivery generally;
- more research on effective levels of CAHW coverage;
- further research on pastoralism as a production system, compared to any alternatives; &
- a review of the impact of pastoral development interventions on pastoral livelihoods.

Community Involvement
- Veterinary services should not think of CAH only as a way to demonstrate nation-wide disease surveillance for the duration of the OIE Rinderpest Eradication Pathway.
- CAH projects should aim to empower communities.

Resources:
Re-structuring veterinary services to formalise the role of CAHWs, implies changing resource allocation in:
- Federal Government;
- Coordinating Council for the Southern States;
- State Governments.

Summary
- Field experience in Sudan raises similar points as are being raised, debated and addressed in other parts of Africa and elsewhere around the world regarding veterinary services and the role of para-veterinarians including CAHWs.
- These same points are currently the subject of discussion within the OIE.
Implications for Veterinary Education & Research.
Professor Khitma El Malik, University of Khartoum

Summary

This presentation explains briefly some recent and possible developments in Education & Research that have resulted from CAH, Participatory Epidemiology and similar changes in approach to veterinary services.

The presentation covered the following:
1. Primary animal health care
2. Acceptable ratios between qualified vets and paravets
3. Community concern
4. Research and education concern
5. Governing bodies
6. Regulations

Primary Animal Health Care (PAHC).
• Do we have this institution?
As such an institution is lacking, this is the time to think of such an establishment through which basic animal health services are delivered.

What is an acceptable ratio between Qualified vets and paravets?
• Who is the strategy planner?
As the ratio is inversed, ie there are more vets than assisting para-professionals, a plan is needed to correct this situation.

Community Concern:
• Health of their animals.
• Productive animals.

Research and Education Concern:
• Healthy animals
• Cost – effective interventions
• Community participation

So, both Community and Research needs are to meet as integral parts of livestock welfare and economic value.

Governing bodies:
Government, SVC, SVA, Pastualist Union, Teaching and Training institutions (Schools, Universities, Vet research labs, Vet hospitals, private sector).

These stakeholders of donors, professional researchers & trainers, and beneficiaries need a unit to be established which caters for training, observing, registering, and monitoring the CAH work.

Regulation
• all above, plus Ministry of Justice.
Which are law experts who can give legal advice to formulate legislation and contracts binding to the different stakeholders.
Implications for the Sudan Veterinary Council (SVC) & Sudanese Veterinary Association (SVA) of Community-Based Delivery Systems and Proposed OIE Guide Lines
Two Separate Presentations

Summary

Current and proposed OIE guide-lines lay down strict roles for independent Veterinary regulating bodies, such as the Council, compared to membership organisations, such as the Veterinary Associations (which provide services, including lobbying over pay and conditions of employment, for their members). Under the proposed OIE guide-lines, the SVC would have to be involved in the regulation, possibly registration, of CAHWs (and possibly CAHW trainers). These presentations gives both bodies an opportunity to spell out the implications for their organisations of these changes, and to explain what further resources they will need in order to do their work properly.

Implications for the Sudan Veterinary Council (SVC) of Community-Based Delivery Systems and the Proposed OIE Guide Lines
Professor M.D. Tingari & Dr. Z.A. Yousif

Summary

1. The presentation reviewed the definitions and job description of the Para veterinary professionals.
2. Reservations on regard to performance of Para veterinary professionals.
3. The Sudan veterinary council being the first professional council to be founded. It was established in 1954.
4. The membership of the SVC as stated in council law in 1954 is to only restricted for veterinarians.
5. The SVC mandate is to regulate the profession; the SVC will register all para professionals and will be registered in separate lists. The SVC will define the roles and rights and mandates of those paraprofessionals.
6. SVC will help in training and capacity building for Para professionals.

Introduction:
There is a world-wide interest in para-professionals in the fields of medicine, veterinary medicine, engineering and agriculture. Among the reasons for this are the following:
1. They can attend to basic services that do not require the advanced skills of the professionals.
2. The cost of their training is low.
3. Change of serving rendered is much lower then that of the professionals.

Pastoral Community:
Sudanese pastoralists continue to have their own practices for the welfare of their animals. In brief these include:
2. Surgery: dealing with bone fractures and dressing of wounds.
5. Milking: including processing for making yoghurt or cheese.
6. Dentition and de-horning.

Such activities are carried out by illiterate people who have not been exposed to education or any kind of training.
Para-Professionals:
This sector includes two categories:
1. University graduates: in animal production and fisheries; and veterinary technicians with university qualifications.
2. Non-Graduates: there are the veterinary assistants, veterinary nurses and veterinary attendants including CBHWs.
This group of worker undoubtedly rank better than those of the pastoral community. Legislation to regulate activities and prescribe duties of each group is required. Training courses would reflect favourably on the standard of jobs they perform.

Reservations:
Entrusting the above group with veterinary responsibilities may call for concern:
1. The danger of providing medicine to people with little or no training.
2. Undermining the veterinary services or pushing professionals out of work.
3. Questioning their ability to render good quality work.

Veterinarians Responsibilities:
Such responsibilities are to be carried out by the veterinary council. They cover the following:
1. On-going training of all groups.
2. Supervision to ensure a reasonable standard of job done.
3. Legislation to regulate the duties and responsibilities of each.
4. Registration in the veterinary council in separate lists or registers.

Sudan Veterinary Council (SVC):
The Sudanese veterinarians are the first professional to have a veterinary council, to build their own residence and to establish a professional journal (Journal of Veterinary Science and Animal Husbandry). Other professional councils came in to being later with the following order:
- 1954, Sudan Veterinary Council
- 1968, Sudan Medical Council
- 1977, Sudan Engineering Council
- 1994, Sudan Agricultural Council
According to law of 1954, registration in the council is strictly limited to Veterinarians only.

Recommendation:
1. Paravets are to be registered as two different categories as indicated above:
   a) University graduates.
   b) Non-graduates.
   The necessary legislation regulating their respective positions, outlining their responsibilities and their inter-relationships should be clearly set, observed and respected. Their duties are to be performed under the supervision of veterinarians.
2. The Education Committee of the veterinary council should design curricula with details of course contents and duration and issue certificates to members of each group including professionals. This would ensure updating of knowledge and improved expertise and reflect favourably on their performance i.e. capacity building.
Para-Vet Role in Animal Health Delivery and the Concerns and Reservations of Veterinarians about their Activities  
Prof. Hashim Mohamed ElHadi, President, Sudan Veterinary Association

Summary

1. Veterinary registrations are essential
2. To bridge gap the private veterinarian is encouraged to train more para-
3. Para professionals are needed, useful, helpful and complimentary to the profession.

The Veterinary services started in the Sudan by the beginning of the last centenary (1902) with a few British Veterinarians and later (1940) with a handful of national qualified vets who were assisted by many Veterinary assistants, para-professional and skilled workers.

All the para-professionals were headed and supervised by qualified Veterinarians and employed and under government control in the different provinces then.

In the last few decades the number of qualified Veterinarians increased and stands now to about 5000, while the number of para-professional declined due to lack of encouragement, low salaries and lack of training. This situation is not particular to the Veterinary profession but has been a feature in other specializations. It was recommended by international standards that 3-4 technical or para-professionals should be available per vet for sound and balanced delivery of professional services.

This picture unfortunately, is reversed in the Sudan where there is a big gap between professional leaders and their helpers. This un-balanced delivery of services in many fields lead to the national policy, recently, of augmenting the training of para-professional and intermediate Diplomas in many fields in colleges, universities and qualified departments.

What is mentioned briefly in the fore lines, goes to the advantages of training more para professional in the Veterinary field especially in rural areas where there is a high density of animals and a low density of Veterinary professionals. This need is also appreciated by many regional and international organization e.g. Dry Husbandry Project (SIDA, Sweden) in Kassala area (1996 -2003) which trained 140 paravets with the Veterinary administration (Kassala Town), with the striking feature of 24 females paravets among them.

Nowadays the delivery of the majority of the Veterinary services are shared between the states governments and the private Veterinarians and it is expected that more Veterinarians will go private due to the encouragement of privatization of services and the dwindling salaries of government employed vets. It is expected that Veterinarians will be active either on the move with private mobile clinics, or sedentary. We expect, under this situation of the trained para professional, if not harnessed properly, will definitely encroach on the livelihood of the private practice of vets. This is not a wild guess or expectation but the cry is already out from Veterinarians in Zimbabwe and Nigeria and other countries where the Veterinary Associations are raising concern and reservations to WVA about un-controlled para professional practice. They would like that the relevant circles and authorities to ensure, legalize and harness the activities of the para-professional. The paravet should not be set free and loose after training. Their activities and delivery of veterinary services should be legalized and certified according to their limited know-how. If the paravet is not related to official authorities he should be registered with the relevant veterinary authorities with the specification of what they can do and what they can't do in the veterinary practice.

Their certificate and identity card should be counter signed by a qualified and registered (with the Sudan veterinary council) Veterinarians in the official or the private sector. To bridge more gaps in the para-professionals the private Veterinarians should be encouraged to train more paravets in this private work.
In conclusion, para-professional are needed and helpful to the veterinary practice especially in rural areas, however their veterinary expertise are limited and can be damaging to the profession if they assume that they are fully-fledged veterinary doctors.

They can be of great help to the veterinary doctor if their activities are legalized and organized as recommended.

DAY 2

SESSION 3: Chairman: Dr. Hassan Khattab

Summary of the presentations and a proposed way forward from the Department of Animal Health and Epizootic Disease Control.

A summary of the presentations and a proposed way forward was presented by the Department of Animal Health and Epizootic Disease Control.

The following are the main issues to be discussed:

- Improved legislation;
- Para-professionals and private practitioners to be integrated into the National strategy for disease surveillance and control;
- National guidelines on CAH;
- A system for registration and regulation of para-professionals;
- A framework for developing CAH training for vets;
- A framework for research to inform the process of legislative change and to identify best practice in animal health service delivery;
- Harmonisation and co-ordination of CAH approaches throughout Sudan;
- Commitment from Federal & State governments for adequate resources and support.

Plenary Discussion

During the discussion sessions, participants had an opportunity to question and discuss the points raised and the suggested way forward, in preparation for breaking up into groups to look at the implications of the main points, and to make detailed plans for taking them forward, including the staff and budget resources needed.

Some of the points raised in questions over the two days included:

(replies or explanations are given in brackets)

1. Legislation will require a clear name and role for CAHWs (- use of term ‘community AHW’ will assist in harmonisation with other countries in region which are using this term).
2. In CAH only relevant in insecure areas - if so, there will soon be no need for it (- not just for insecure areas).
3. How is the community involved in training (- by having the training as close to the community as practical; possibly having the community provide food and accommodation; as well as the animals to practice on).
4. States have a right to make their own laws so there could be a problem if they choose not to endorse these ideas. Two types of law affected - defining levels of veterinary personnel; & protection of society. However OIE insists on a central authority. Laws are transferable between States and most States will wish to harmonise. A suggestion that Primary legislation in this area should be Federal, with States making their own Secondary legislation.
5. Why can livestock not be considered a national resource requiring Federal law only, like oil (- because oil is considered to have an international legal dimension).
6. Some discussion about whether anyone other than vets should be registered by SVC. Most agree they should, if the current SVC mandate is changed to allow this, but under separate registers.
7. The importance of viable marketing mechanisms for the success of privatisation and CAHW systems.
8. Should privatisation be driven from the top down or from the bottom up (- enabling policy from the top will help the bottom up establishment of private practices).
9. The workshop should develop national guidelines to define roles of CAHWs, training, licensing, supervision etc.
10. An opinion that research into veterinary service delivery, such as the impact of CAHWs, should be considered surveys, not proper research (- in reply it was suggested that all gathering of new knowledge is research).
11. That SVC is not in a position to supervise on the ground but will have to exercise its powers through agents or ‘inspectors’ who could be existing government vets or contracted private vets.
12. The role of CAHWs as extension agents was discussed.
13. The Ministry of Finance should be involved in any future discussions on this subject in order to convince them of the need for better financial support to CAH systems and veterinary services generally.

GROUP WORK

Planning to overcome constraints and take forward the ideas proposed by the Department of Animal Health & Epizootic Disease Control.

During the Group Work, participants were asked to make their main contribution to the workshop, using their experience and planning skills to think through in detail the implications of the main points of the proposed way forward, allocating specific actions, resources, and indicators of success to each point.

Participants divided into 3 groups to examine the following 3 areas:
Group 1: Legislation, Regulation & Registration.
Group 2: Training of vets.
Group 3: The establishment of a central CAH Unit; and National Guidelines on CAH, including Harmonisation of the CAHW curriculum.

Presentations from Group Work.

Each groups presented the results of its deliberations to the plenary (on newsprint).

Group 1: Legislation, regulation and registration

Task:
How to move from the present position A to the desired position B?
position A: ‘No supportive written policy & laws for veterinary supervised, private CAHWs’.
position B: ‘Fully supportive written policy and laws for veterinary supervised, private CAHWs’.

Guidelines:
1. Define, in detail, what main activities need to be conducted.
2. Present these main activities as a work plan, when will each activity take place.
3. **Who** is responsible for managing the process and which stakeholders should be involved in each activity?

4. What **funding** is available now for each activity and what additional funding needs to be secured?

5. Identify the agency responsible for licensing CAHWs and present a draft version of the licensing procedure.

**Recommendations:**

1. **CAHWs should be regulated by legislation,**
   - which include, inter-alia:
     - Definition of the paravets including CAHWs;
     - Recognition of these groups at the federal, state and local levels;
     - Technical and administrative supervision;
     - Registration of paravets (CAHWs);
     - Financial provisions.

2. **Work plan:**
   - To implement (1) above, hereunder the work plan:
     - a) Preparatory stage: (2 months)
       - i) Formation of a committee by the Minister of Animal Resources and Fisheries comprising the bodies concerned;
       - ii) Draft the proposed legislation or amendment of existing laws including bylaws;
     - b) Preparation of workshops and organization thereof and information collection (2 month)
     - c) Redrafting of legislation and feedback (4 month)
     - d) Enactment of the proposed legislation (6 month)

3. **Responsibility:**
   - FMoAR&F shall be responsible for management and co-ordination of above with other bodies concerned.

4. **Funding:**
   - The FMoAR&F shall be responsible for funding the above by:
     - a) Government budget
     - b) Donors
     - c) Others

**Group 2: Training of vets**

**Rationale:**
1. To improve professional skills of vets;
2. To cater for deficiencies not covered during college.

**Who and Why:**
- All vets from graduation to death, to improve their capabilities.

**Whom:**
- FMoAR&F
- MoS&T
- MoHE&
- HAC
- SVA&SVC
- Private sector
• Pastoralists union

What:

A. Basic skills for vets in:
1. Epidemiology of diseases
2. PRA Methodology
3. Business skills
4. Disease Economic
5. Communication and Information Technology
6. Project formulation and planning
7. Administration and laws

B. Demand oriented training:
• Courses designed according to geographical and technical needs

C. Monitoring and evaluation of training:
• Classification according to input and certificate of antecedence

How:
Money to be available from:
1. Government
2. Regional organizations
3. UN organizations
4. International funding organization
5. NGOs (national & inter-national) through HAC
6. SVC

Where:
• According to situation the training can be in the field or in the institution

Recommendation:

1. Clarification of training levels
The SVC should be responsible for classification according to inputs and should devise away of grading the training attended by vets (one course every 3 to 5 years to be mandatory?)

2. Formation of a ‘Standing Committee for Vet Training’
A committee should be formulated from the following institutions within 2 months:
• FMoAR&F
• MoS&T
• MoHE&R
• HAC
• SVC
• SVA
• Private sector
• Pastoralists union

The committee is responsible for:
1. Training modules and curricula.
2. Time period
3. Trainers and trainees
4. Budget
5. To meet and develop the work plan and cost within two months
6. The committee is to be sponsored by the FMoAR&F and SVC as a ‘Standing Committee for Vet Training’
Group 3: The establishment of a central CAH Unit; & development of national guidelines on CAH, including harmonisation of the CAHW curriculum.

1. **Mandate of the unit**
   a) Developing guidelines and identify best practice
   b) Advise on policies and strategies
   c) Co-ordination of the national CAHWs programme
   d) Identify new opportunities within the CAHWs programme
   e) Monitoring and evaluation of CAHWs activities
   f) Collect information and keep records
   g) Creation of channels for consultation and co-ordination
   h) Assist draft of legislation and regulation when needed
   i) Ensure proper practice in accordance with international standards and OIE guidelines

2. **Establishment of unit**
   • The unit will be linked to the department of animal health and epizootic diseases control

3. **Formation and composition of unit:**
   a) The unit will be composed of one or two vets, a social scientist and an economist.
   b) There will be an steering committee, which will meet periodically to guide the work of the unit.

4. **Guidelines to be developed by the unit:**
   a) Guidelines on minimum standards and best practice of CAHWs system, to include, for example:
      • Mandates
      • Linkage to the national diseases surveillance and control
      • Community dialogue
      • Selection of CAHWs
      • Technical support
      • Training
      • Refresher training
      • Monitoring and evaluation
   b) Developing MOU to be signed by implementing individuals or agencies.

5. **Financing:**
   a) Seed capital is required for and to be presented.
   b) Specifics plans and activities is to be formulated
   c) Financing is to be requested from:
      • MoF
      • Potential donors
      • Potential NGOs
      • Private sector

**Activities:**

**A. Establishment of the CAH Unit**

1. Physical infrastructure
   • Office & Equipment
   • Communications
   • Transport (expenses) & DSA

2. Recruitment of staff
   • on secondment
• on temporary contracts for pilot stage of work plan.
• 2 vets
• 1 social scientist
• 1 economist

3. Establish steering committee

B. Work plan development

1. Develop mandate for unit (NB draft prepared as above)

2. Pilot stage: Data Collection and Preparation of Preliminary Report
   • work to be done through a process of consultation and collaboration with all stakeholders;
   • plan methodology;
   • visit main organisations to collect curricula, methods of work and secondary data relating to impact of work;
   • field visits to cross check information of successes, lessons learnt, impact etc;
   • write preliminary report;
   • present to steering committee.

3. Consolidation Phase
   • Staff on full contracts;
   • Consolidation of unit;
   • Address mandated activities, including harmonisation of training curricula.

Plenary discussion and consideration of workshop recommendations.

Adam Adam Saleh noted that Group 3 had not commented on the harmonisation of the CAHW curriculum, and suggested some basic points regarding this subject be minuted:
• Need to review and update the current curricula for para professionals;
• The various curricula need to be collected and compared;
• Ensure continuity and sustainability through refresher training;
• Para professionals should be linked to the CAH Unit and the SVC.

Dr Ahmed Mustafa Hassan, Under-Secretary, FMoAR&F, requested that the time frame for the process of legal change be shortened if possible to within 6 months.

The plenary discussed the Group Work presentations and endorsed the recommendations.

Closing of the Workshop

The workshop was closed by Dr Ahmed Mustafa Hassan, Under-Secretary, FMoAR&F.
### ANNEX 1: WORKSHOP TIMETABLE

#### DAY 1: SATURDAY, 16th AUGUST 2003

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chairman</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>09.00 - 10.00</td>
<td>Opening Ceremony</td>
<td>Dr Ahmed Mustafa Hassan</td>
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<tr>
<td>10.00 - 10.45</td>
<td>Breakfast</td>
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<tr>
<td>10.45 - 13.25</td>
<td>Session 1</td>
<td>Professor Hashim El Hadi</td>
<td>OIE guidelines on the role, responsibilities and regulation of para-professionals (CAHWs) and the private sector.  - Dr. A. M. Hassan, Under-Secretary, FMAR&amp;F</td>
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<td></td>
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<td>The concept of community-based animal health delivery and the CAH situation in other HAR countries.  - Dr. Andy Catley, CAPE</td>
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<td>Current legislation affecting CAH and the proposed changes.  - Moulana Joseph Sulieman Khalil, DG for Legislation, Ministry of Justice &amp; Khalid Ibramin, Legal Adviser, FMoAR&amp;F</td>
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<tr>
<td>13.10 - 13.25</td>
<td>Questions</td>
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<td>13.25 - 14.00</td>
<td>Tea break and Prayers</td>
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<tr>
<td>14.00 - 16.45</td>
<td>Session 2</td>
<td>Dr Bashir Taha Mohammed Taha</td>
<td>Observations and recommendations from the CAH training workshops for vets in Kadugli, Juba, Malakal and Nyala.  - Stephen Blakeway, CAPE</td>
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<td>Implications for Veterinary Education &amp; Research.  - Prof Khitma El Malik</td>
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<td>Implications for the Sudanese Veterinary Council (SVC) of community-based delivery systems and the proposed OIE guidelines.  - SVC</td>
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<td>Implications for the Sudanese Veterinary Association (SVA) of community-based delivery systems and the proposed OIE guidelines.  - SVA</td>
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<tr>
<td>15.50 - 16.30</td>
<td>Plenary discussion</td>
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<tr>
<td>16.30 - 16.45</td>
<td>Summary of Day</td>
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<td>17.00</td>
<td>Lunch &amp; Home</td>
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<td>Time</td>
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<tr>
<td>09.30 - 09.40</td>
<td>Session 3 Chairman: Dr Hassan Khattab</td>
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<td>Summary of the presentations and a proposed way forward from the Department of Animal Health and Epizootic Disease Control.</td>
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<tr>
<td>09.40 - 10.00</td>
<td>Questions relating to yesterday’s presentations</td>
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<td>10.00 - 10.45</td>
<td>Breakfast</td>
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<td>10.45 - 14.00</td>
<td>Group work: Planning to overcome constraints and take forward the ideas proposed by the Department of Animal Health &amp; Epizootic Disease Control. Group 1: Legislation, regulation &amp; registration Group 2: Training for vets Group 3: The establishment and work of a central CAH Unit.</td>
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<td>14.00 - 14.30</td>
<td>Tea break and Prayers</td>
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<td>14.30 - 15.45</td>
<td>Session 4 Chairman: Dr Ahmed Mustafa Hassan</td>
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<tr>
<td>14.30 - 15.30</td>
<td>Presentations from work groups</td>
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<td>Plenary discussion and Consideration of workshop recommendations.</td>
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<tr>
<td>15.30 - 15.45</td>
<td>Closing of workshop</td>
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<tr>
<td>16.00</td>
<td>Lunch &amp; home</td>
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### ANNEX 2: LIST OF PARTICIPANTS

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<th>No.</th>
<th>Name</th>
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<tr>
<td>1</td>
<td>Dr. Ahmed Mustafa Hassan</td>
<td>Undersecretary, FMoAR&amp;F</td>
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<td>2</td>
<td>Dr. Bashir Taha M. Taha</td>
<td>DG Animal Health &amp; Epizootic Disease Control / FMoAR&amp;F</td>
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<td>3</td>
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<td>Dr. Andrew Blisew</td>
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<td>Moulana Joseph Suliman Khalil</td>
<td>DG, Department of Legislation, Ministry of Justice</td>
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<td>11</td>
<td>Dr. Awad Maghoub Atta El Manna</td>
<td>Animal Resource Research Corporation / FMoS&amp;T</td>
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<td>12</td>
<td>Dr. M .M. Salih Elgablabi</td>
<td>Animal Resource Research Corporation / FMoS&amp;T</td>
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<td>13</td>
<td>Dr. Azhari Awad Somit</td>
<td>DG Animal Resources, CCSS</td>
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<td>14</td>
<td>Prof. Khitma El Malik</td>
<td>Sudan Women Veterinary Association (SWVA)</td>
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<td>15</td>
<td>Prof. Mudathir Altingari</td>
<td>Chairman SVC</td>
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<td>16</td>
<td>Dr. Al Zebeir Abdel Rahman</td>
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<td>17</td>
<td>Prof. Hashim Ahadi</td>
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<td>Prof. Awad Maghoub</td>
<td>Legal Advisor FMoAR&amp;F</td>
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<td>EX Undersecretary, FMoAR&amp;F</td>
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<td>Dr. Hamid Adam</td>
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<td>36</td>
<td>Dr. John Pakwan</td>
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<td>37</td>
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<td>Representative, Eastern Region</td>
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<td>Dr. Abdel Wahid Alam Al Deen</td>
<td>Resource person</td>
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<td>39</td>
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<td>47</td>
<td>Mosa Ali Atroum</td>
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ANNEX 3: OIE AD HOC GROUP ANNOUNCEMENT
Original: English, February 2003

The role of private veterinarians and para-professionals in the provision of animal health services

The OIE ad hoc Group on the role of private veterinarians and para-professionals in the provision of animal health services, held its first meeting at the OIE Headquarters from 10-11 February 2003. Members of the ad hoc Group were from the public and private sectors, from Africa, the EU, South America and South-East Asia.

The Director General of the OIE, Dr B Vallat, indicated to the members that requests and recommendations had been received from various OIE Regional Commissions asking the OIE to address the issue of the utilisation of private veterinarians and various categories of para-professionals by veterinary services, particularly in Member Countries where veterinary services may be under organisational or financial pressure. Dr Vallat recalled the commitment made by the OIE and the other international organisations at Doha regarding capacity building in developing countries. He emphasised that the inclusion of private veterinarians and para-professionals needed to be carefully done to ensure that standards were maintained and confidence in countries ability to trade in safe commodities was not lost and that standards developed would need to be applicable to all Member Countries.

The ad hoc Group’s objective was to examine aspects of animal health service delivery (within its terms of reference) and to advise the OIE on how these may be used to improve the quality of veterinary services in OIE Member Countries. The terms of reference of the ad hoc Group were to:

- define the functions and responsibilities of private veterinarians, para-professionals, including community-based animal health workers, in the provision of animal health services;
- provide guidelines on the roles, inter-relationships and regulations required to link them with official veterinary services.

The ad hoc Group proposed revised definitions for official veterinarian and veterinary services to incorporate private veterinarians and para-professionals including CAHWs, and new definitions for veterinarian, veterinary statutory body and para-professional. It defined a para-professional as a person who, for the purposes of the OIE Code, is authorised to carry out certain veterinary tasks (dependant upon the category of para-professional) in a country through a license from the veterinary statutory body, and delegated to them under the responsibility and direction of a registered or licensed veterinarian. The veterinary tasks authorized for each category of para-professional should be defined by the statutory body depending on qualifications and training, and according to need. Categories of para-professionals include veterinary nurses, veterinary technicians, community-based animal health workers, food inspectors and livestock inspectors.

To ensure adherence to ethical codes and standards by veterinarians and para-professionals, the ad hoc Group recommended that a veterinary statutory body be established in each OIE Member Country and that the body be made responsible for the licensing/registration of veterinarians and para-professionals, the setting and monitoring of professional standards, and for discipline. Such a body would play a vital role in the organisation and delivery of quality veterinary services, and the maintenance of public confidence in such services.

The ad hoc Group proposed that recognition of veterinary degrees on a regional basis could be a valuable tool in strengthening service delivery in the fields of animal health and veterinary public health, and recommended that OIE Regional Commissions encourage the harmonisation of registration/licensing of veterinarians and eventually that of para-professionals on a regional rather than country basis. It also recommended that Veterinary Administrations establish linkages to recognise and regulate trans-boundary veterinary activities, including the movement of veterinarians and para-professionals across national borders in certain areas of the world.
The ad hoc Group recommended that the supply of veterinary medicines and biologicals that might impact on international trade (through residues of anti-microbials, hormones or insecticides) be significantly tightened. It recommended that supply be based on prior diagnosis and specific treatment using licensed products, and only be made to clients whose livestock are under the care of the veterinarian or para-professional working under the responsibility of the veterinarian.

With regard to veterinary public health controls, the ad hoc Group noted the importance of livestock owners and their associations as the first line of defence in early warning, disease surveillance and food safety, and therefore an essential link in animal health service delivery.

The ad hoc Group recommended that, in order to strengthen animal health and veterinary public health services through improved involvement of private veterinarians and para-professionals, Veterinary Administrations build official linkages with service providers, particularly individual veterinarians and veterinary associations, but also with individual para-professionals, para-professional associations, non-governmental organisations and farmers' groups. The Group recommended that linkages between Veterinary Administrations and private veterinarians and para-professionals take the form of contracts for the provision of specific services such as disease monitoring and surveillance, animal vaccination, food inspection, and disease prevention and control.

The ad hoc Group also recommended that improvements be made at both undergraduate and postgraduate level to address current inadequacies in veterinary training.

The OIE believes that the recommendations arising from this meeting are very valuable and provide a sound basis for better including these professional groups in the activities of veterinary services of Member Countries and for making improvements to the OIE Animal Health Code.

The ad Hoc Group report will be submitted to the next meeting of the OIE Code Commission before examination and adoption by The International Committee.
ANNEX 4: AU/IBAR POLICY ON CAHWs
April 2003

1. Introduction

The African Union/Interafrican Bureau for Animal Resources (AU/IBAR) has many years of experience of strengthening primary-level veterinary services through the use of community-based animal health workers (CAHWs). This policy document details the bureau’s position on CAHWs and describes appropriate supervision and regulation of this type of veterinary worker. The policy has been formulated by reference to the International Animal Health Code of the Office International des Epizooties (the ‘OIE Code’). In addition, AU/IBAR recognises the recommendations of the conference Primary Animal Healthcare in the 21st Century: Shaping the Policies, Rules and Institutions held in Mombasa in October 2002, the expert consultation of the Food and Agriculture Organization in October 2002 and the OIE ad hoc committee in February 2003. The policy document supercedes any policy statements from specific AU/IBAR projects.

The policy document adopts the same terminology as the OIE Code and readers are advised to consult Chapters 1.3.3 and 1.3.4 of the code.

2. Policy Guidelines on Community-based Animal Health Workers

2.1 Organisation and structure of veterinary services

The bureau defines a ‘community-based animal health worker’ as a person who performs a limited range of veterinary tasks as defined by the statutory body in a given country. Within the OIE Code, a CAHW is regarded by AU/IBAR as a category of para-professional. The policy of AU/IBAR is that CAHW activities should be regulated by the statutory body. Definition of roles, levels of supervision and reporting relationships enables Veterinary Services to describe lines of command and formal relationships.

The bureau recommends that duties to ensure the quality of CAHWs are assigned to named officers of the statutory body and that these duties are defined in the job descriptions and performance assessment procedures for the named officers. The bureau also recommends that the statutory body is enabled to delegate tasks to government veterinary officers to ensure quality of CAHWs at field level. For the purpose of this policy document, such veterinary officers are termed ‘veterinary inspectors’.

2.2 Legislation

The policy of AU/IBAR is that the definition, roles, regulation and supervision of CAHWs should be defined in veterinary legislation. The bureau recommends that legislation specific to CAHWs is placed in subsidiary legislation.

2.3 Quality Control

Veterinary Services need to develop objective and transparent systems for the accreditation, monitoring and supervision of CAHWs.

2.3.1 Training curriculum for community-based animal health workers

The training of CAHWs should follow a standard curriculum endorsed by the statutory body. The standard CAHW curriculum should comprise two components:

a. Essential knowledge and skills required by all CAHWs regardless of their location.

b. Area-specific knowledge and skills according to priority needs in different ecological zones and livestock productions systems.

1 AU/IBAR experience is derived largely from the Pan African Rinderpest Campaign, the Community-based Animal Health and Participatory Epidemiology Unit and the Pan African Programme for the Control of Epizootics.
2.3.2 Trainers of community-based animal health workers
The qualifications required by trainers of CAHWs should be defined by the statutory body. The statutory body should maintain a register of recognised CAHW trainers.

2.3.3 Inspection of training
Training courses for CAHWs should be assessed by veterinary inspectors. Statutory bodies should develop standardised methods for assessment of CAHW training courses. Indicators for assessment of CAHW training courses are available from AU/IBAR.

2.3.4 Examination of community-based animal health workers
The examination of CAHWs should be based on standardised tests endorsed by the statutory body and designed to assess both the technical knowledge and practical skills of CAHWs according to the standardised training curriculum. Veterinary inspectors shall ensure that examination of CAHWs is conducted according to standardised tests. Indicators for the examination of CAHWs are available from AU/IBAR.

2.3.5 Licensing of community-based animal health workers
The statutory body should license CAHWs and maintain a register of licensed CAHWs. Veterinary inspectors should issue licenses. A license should be location specific and name the veterinarian responsible for the activities of the CAHW. Licenses should be renewed annually according to annual assessment of CAHW knowledge and skills by veterinary inspectors.

2.3.6 Supervision and responsibility for community-based animal health workers
Statutory bodies should define systems for supervision and responsibility of CAHWs. Supervision by veterinary inspectors should include measures of CAHW knowledge of disease diagnosis and use of veterinary pharmaceuticals, and CAHW practical skills. Two types of statutory supervision can be defined:

a. Post-training supervision
The experience of AU/IBAR indicates that most technical or communication problems with CAHWs occur with three months after training. After CAHWs have been trained and working for no more than three months, post-training supervision should be conducted using a standardised method. The post-training supervision is a more comprehensive assessment of CAHW performance than routine supervision (see b. below). Indicators for post-training supervision are available from AU/IBAR.

b. Routine supervision
Routine supervision is regular monitoring of CAHWs by veterinary inspectors. A standardised system of routine supervision should be established to provide objective measures of CAHW performance. Sample sizes and sampling methods should ensure statistical confidence in the overall system. Indicators for routine supervision are available from AU/IBAR.

Veterinarians responsible for CAHW activities, such as those working for non governmental agencies, the private sector or associations, will be named on CAHW licences as detailed under item 2.3.5.

3. Coherence with Policies on Veterinary Service Restructuring and Privatisation
Implementation of quality CAHW systems at national level will be highly dependent on clear policy on veterinary service restructuring and adequate government support to statutory bodies and veterinary inspectors to fulfil their regulatory roles. The policy of AU/IBAR is that national veterinary services should review the capacity and structure of statutory bodies and ensure that restructuring leads to strengthened regulatory capacity. At field level, viable privatised veterinarian-CAHW networks partly depends on clear policy on veterinary privatisation and the contracting out of public sector tasks to the private sector.

Ag. Director, AU/IBAR, April 2003
Due for revision March 2004.
African Union/Interaficn Bureau for Animal Resources
Policy on Community-based Animal Health Workers
Annex 4 (cont)

Indicators for the Assessment of Community-based Animal Health Workers (CAHWs) within Veterinary Services
April 2003

Introduction

The following indicators are designed to assist Veterinary Authorities to assess the coordination, quality and monitoring of CAHWs. The indicators can be adapted to the particular needs and resources of a given country. However, according the principles of the OIE Code a Veterinary Administration should be able to describe and demonstrate how personnel, resources and procedures are arranged in order to ensure adequate control of para-professionals such as CAHWs.

The indicators assume that at field level:

a. specified government veterinary officers act as veterinary inspectors on behalf of the statutory body;
b. the immediate supervisors of CAHWs are either veterinarians or cadres of para-veterinary professionals with higher qualifications than CAHWs and who are authorised by the statutory body to act as CAHW supervisors.
c. CAHW supervisors may be positioned in either the private or public sector.

1. General indicators for the coordination and control of CAHWs by Veterinary Authorities

In order to demonstrate effective coordination and control of CAHWs, a Veterinary Authority should refer to the following indicators:

1.1 The Veterinary Authority should assign community-based animal health delivery system (CAHS) coordination and quality control tasks to named officers at central level and these tasks should be detailed in the job descriptions and performance assessment procedures for these officers.

1.2 The role and specific tasks of CAHWs should be defined in veterinary regulations of the statutory body.

1.3 The statutory body should delegate field-level CAHW supervisory and quality-control tasks to government veterinary officers. Clear written procedures should exist for the specific CAHW supervisory and regulatory tasks to be performed by these officers.

1.4 A procedure should exist for ensuring that all proposals for new CAHW projects by non-governmental organisations, private vets and governmental agencies are screened by the Veterinary Authority to ensure adherence to quality control indicators and minimum standards (as devised by the Statutory Body in collaboration with the Veterinary Authority). Specifically:

1.4.1 The Veterinary Authority should establish and maintain a relationship with the government agencies responsible for registration of non governmental organisations and approval of proposals by these agencies. All proposals with an animal health component should be evaluated by the Veterinary Authority.

1.4.2 In some countries, non agriculture or livestock government agencies establish CAHW systems in isolation of the Veterinary Authority. The Veterinary Authority should establish and maintain a relationship with these agencies and ensure that all proposals with an animal health component are evaluated by the Veterinary Authority.

1.4.3 Proposals for new CAHW projects that are assessed to be of sufficient standard should form the basis of a Memorandum of Understanding between the Veterinary Authority and implementing agency.

1.4.4 The Veterinary Authority should ensure that all donors, non governmental organisations
and relevant government agencies are informed about the requirements for the establishment of CAHW systems. Written guidance on these requirements should be disseminated to all relevant organisations and agencies annually.

2. **Indicators for the inspection of CAHW training courses**

Veterinary inspectors nominated and trained by the Veterinary Authority and the Statutory Body are responsible for ensuring that CAHW training courses are designed and implemented according to the following indicators:

2.1 **Training and registration of CAHW trainers**
The Veterinary Authority should ensure that any person training CAHWs is registered as a CAHW trainer by the statutory body. The required academic qualifications of CAHW trainers should be defined by the statutory body and trainers should have themselves been trained in participative training techniques.

2.2 **Use of a national CAHW curriculum**
Training of CAHWs should be based on a national CAHW curriculum that is endorsed by the statutory body. A participative training methodology should be used. The national CAHW curriculum should comprise a standardised component required by all CAHWs, and a location-specific component to account for variations in the livestock disease situation in different ecological zones and production systems.

2.3 **Ratio of trainers to trainees**
The number of trainees per trainer should not exceed 15 trainees.

2.4 **Location of training**
The training should take place in the location to be covered by the CAHWs and near to the communities they will serve.

2.5 **Duration of training**
The duration of training will depend on the national CAHW curriculum but should not be less than 14-21 days for the initial training course and 5-10 days for subsequent refresher courses.

2.6 **Use of translators**
The use of translators during training should be avoided; training should be conducted in the mother language of the trainees.

2.7 **Practical content of the training**
At least 50% of the training duration should consist of practical sessions. The practical sessions should include use of livestock for clinical examinations and practising the use of treatments or vaccines under the supervision of the trainer(s).

2.8 **Examination of CAHWs**
The statutory body should endorse the use of a standardised procedure for the examination of CAHWs. In line with the national curricula, the examination will comprise a standardised component for use with all CAHWs and a location-specific component according to disease problems in specific areas. The examination should comprise oral interviews with CAHWs to assess knowledge and practical tasks to assess skills. Each CAHW should be asked the same questions and requested to demonstrate the same practical skills. The examiners should include the registered trainer and the CAHW supervisor. Certificates should be issued to qualified CAHWs by a veterinary inspector.
3. Indicators for monitoring CAHWs

3.1 Post-training assessment
A post-training assessment of CAHWs should be conducted by a veterinary inspector between two and four months after the initial training course. This assessment should comprise:

3.1.1 Assessment of CAHW knowledge and skills using a similar standardised methodology to the examination of CAHWs developed under indicator 2.8.

3.1.2 Standardised interviews with CAHW supervisors to cross check results obtained from 3.1.1.

3.2 Routine monitoring of CAHWs

3.2.1 CAHWs should provide, in person, a completed reporting format to their supervisor on a regular basis. The frequency of reporting shall depend on operational factors but should not be less than every two months.

3.2.2 CAHW supervisors should compile CAHW reports and submit to a veterinary inspector on a regular basis. The content of these reports should be defined by the statutory body in consultation with the Veterinary Administration.

3.3 All CAHWs shall receive refresher training at least once per year. The refresher training should be assessed by a veterinary inspector according to the training indicators listed under ‘2. Indicators for the inspection of CAHW training courses’.

Note on definitions

Veterinary Administration means the governmental Veterinary Service having authority in the whole country for implementing the animal health measures and international veterinary certification process which the OIE recommends, and supervising or auditing their application.

Veterinary Authority means a Veterinary Service, under the authority of the Veterinary Administration, which is directly responsible for the application of animal health measures in a specified area of the country. It may also have responsibility for the issuing or the supervision of the issuing of international veterinary certificates in that area.

Veterinary Services the Veterinary Services comprise the Veterinary Administration and all the Veterinary Authorities

African Union/Interafrican Bureau for Animal Resources
Indicators for the Assessment of Community-based Animal Health Workers within Veterinary Services
ANNEX 5:
MAPS OF SOUTHERN SUDAN, SHOWING CAHW AND VET NUMBERS (FOR OLS NORTHERN SECTOR), AND THE TRANSITION ZONE, SHOWING CAHW NUMBERS
MAP
SHOWING APPROXIMATE
NUMBERS AND LOCATIONS
OF ACTIVE CAHWS
IN
SOUTHERN SUDAN &
THE TRANSITION ZONE
ANNEX 6: ABBREVIATIONS

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<th>Abbreviation</th>
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<tr>
<td>AU</td>
<td>African Union</td>
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<tr>
<td>BQ</td>
<td>Black Quarter</td>
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<td>Community Animal Health</td>
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<td>CAHS</td>
<td>Community Animal Health Service</td>
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<td>CAHW</td>
<td>Community Animal Health Worker</td>
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<td>CAPE</td>
<td>Community Animal Health &amp; Participatory Epidemiology Unit</td>
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<td>CBPP</td>
<td>Contagious Bovine Pleuro-Pneumonia</td>
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<td>CCSS</td>
<td>Co-ordinating Council for the Southern States</td>
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<td>Director General</td>
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<td>DOT</td>
<td>Diocese of Torit</td>
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<td>Food &amp; Agriculture Organisation (of UN)</td>
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<td>Federal Ministry of Animal Health &amp; Epizootic Disease Control</td>
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<td>FMoHE&amp;R</td>
<td>Federal Ministry of Higher Education &amp; Research</td>
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<td>Government of Sudan</td>
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<td>Haemorrhagic Septicaemia</td>
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<td>Inter-African Bureau of Animal Resources</td>
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<td>International Committee of the Red Cross</td>
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<td>International Organisation for Epizootics</td>
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