Community-based animal healthcare and pastoral livelihoods

Andy Catley
Community-based Animal Health and Participatory Epidemiology (CAPE) Unit
Pan African Programme for the Control of Epizootics
Organization of African Unity/Inter-African Bureau for Animal Resources
PO Box 30786, 00100 Nairobi, Kenya
e-mail: andy.catley@oau-ibar.org
http://www.cape-ibar.org

Abstract

This paper reviews how livestock contribute towards the livelihoods of pastoral communities in terms of food, income, social benefits and indigenous social support mechanisms. The paper then describes the constraints facing conventional approaches to veterinary service delivery in pastoral areas and the rationale for developing community-based approaches.

The provides five examples of impact assessments from Ethiopia, Kenya, southern Sudan and Tanzania to show how community-based animal health workers can reduce livestock diseases and improve pastoral livelihoods. Despite this evidence, community-based delivery systems are rarely supported by appropriate policies and legislation. The paper argues that veterinary institutions need to review their own impact on animal health problems in pastoral areas and revise policies and laws to enable community-based systems. These systems should operate within the law and under adequate veterinary supervision. Participatory impact assessment is a useful approach for putting policy makers in direct contact with livestock keepers and ensuring that revised policies reflect local needs in addition to those of veterinarians.
1. Pastoral Livelihoods and Livestock

1.1 Livestock for food and income

The pastoral population of subsaharan Africa has been estimated at more than 50 million people (Coughenour et al, 1985) while Ethiopia, Eritrea, Sudan, Djibouti, Somalia, Kenya and Uganda support around 16.5 million pastoralists (Bonfiglioli, 1992). Pastoralists in Africa tend to inhabit the semi-arid and arid regions of the continent and typically, they derive at least 50% of their food and income from their livestock (Swift, 1988). The other common feature of pastoral groups and perhaps the key to understanding their way of life, is mobility. Movement is essential for pastoralists because low and erratic rainfall in dryland areas causes marked spatial and temporal variations in the grazing resource on which livestock depend. Although criticised for many years for their apparent inefficiency and neglect of the environment, African pastoralism is increasingly viewed as a rational and productive use of a fragile environment (Mearns, 1996). For example, comparative studies of outputs from pastoralism verses more modern ranch-style production methods clearly show how pastoralists can outperform less adaptive systems (Scoones, 1995).

Figure 1
Livestock as sources of food and income for pastoral communities

a. Diet of Borana households in a ‘normal’ year (source: Cossins and Upton, 1988). Figures are average diets on a gross energy basis.

b. Sources of cash income for Somali pastoral households (source: Abdullahi, 1993)
1.2 Livestock for social value, cultural wealth and mutual support

In addition to their more obvious use as food and income providers, livestock also play major social and cultural roles in pastoral communities. Livestock ownership affects wealth, status and decision-making power and social events such as births, marriages and deaths often involve ceremonies which revolve around livestock. Loans or gifts of animals are used consolidate kinship relationships. These aspects of pastoralist culture are described in detail in the literature but among the most quoted examples is a study on Nuer communities in southern Sudan,

".....most of their social behaviour directly concerns their cattle......they are always talking about their beast. I used sometimes to despair that I never discussed anything with the young men but livestock and girls, and even the subject of girls led inevitably to that of cattle. Start on whatever subject I would, and approach it from whatever angle, we would soon be talking of cows and oxen, heifers and steers, rams and sheep, he-goats and she-goats, calves and lambs and kids. I have already indicated that this obsession - for such it seems to an outsider -is due not only to the great economic value of cattle but also to the fact that they are links in numerous social relationships. Nuer tend to define all social processes and relationships in terms of cattle. Their social idiom is a bovine idiom. Most of their social activities concern cattle and 'cherchez la vache' is the best advice that can be given to those who desire to understand Nuer behaviour." (Evans-Pritchard, 1940).

And in Somali pastoral areas,

"To the Somali pastoralist the camel is the most valuable animal of all, and a large herd is a sign of strength, power and prestige. As a form of property the camel is strongly associated with patrilineal kinship, which is a major structural principle in Somali society and culture..........camels are not primarily disposable income. Their value lies in the material and social survival capacity that they offer the families that keep them. The camel, which in Somali culture represents the image of continuity and reproduction, is a source of security in case of drought and misfortune. In beings able to sustain long periods of drought, a recurrent phenomenon in the area, camels have a great potential for survival" (Talle and Abdullahi, 1993).

Probably the strongest social institution in Somali society is the dia-paying group, the members of which share responsibility for payment of blood-money compensation or dia. Dia is usually valued at 100 camels for the life of a man and 50 camels for a woman. In agropastoral areas cattle tend to replace camels in dia transactions and a buulo donation of an ox, cow or sheep is immediately given to the family of an injured person. Herding requires collective responsibility and livestock, particularly camels, feature heavily in Somali song and poetry.

The close links between livestock, poverty and social interaction outlined above are reflected in the strong social support mechanisms that are a feature of many pastoral communities. These systems are often complex and involve gifts or loans of animals or animal products to poorer members of the community. In southern Sudan, a feasibility study on restocking Dinka and Nuer agropastoralists identified nine traditional restocking mechanisms including gifts or loans of livestock from relatives and friends (Iles, 1994) and in eastern Ethiopia, Somali agropastoralists described four main types of traditional restocking (Box 1).
Box 1. Traditional Somali ‘safety nets’ (source: Catley, 1999)

<table>
<thead>
<tr>
<th><strong>Free gift - xologoyo</strong></th>
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<tbody>
<tr>
<td>This is a free gift of livestock to a needy family. A committee of elders is organised to collect livestock from relatives of the recipient family and the number of animals depends on whether the family is expected to engage in farming or herding activities.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Loan - maalsin</strong></th>
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<tbody>
<tr>
<td>A loan of animals is usually arranged between two individuals and involves lactating cattle or goats. The borrower will return the original stock to the lender with any offspring, when the animals give birth. Alternatively, the borrower may keep the offspring and return only the adult females to the lender. The terms of the contract between lender and borrower depend on kinship ties between the two parties.</td>
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<table>
<thead>
<tr>
<th><strong>Marriage</strong></th>
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<tbody>
<tr>
<td>When a poor man with no livestock marries, his relatives will give him livestock. There is no specific type or quantity of animals which is provided. When a woman is married by a poor man, her relatives support her through provision of livestock when she visits her father's family. Mostly, the providers are her father, brothers and uncles.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Alms giving</strong></th>
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</thead>
<tbody>
<tr>
<td>Alms giving, when related to Somali customs and livestock provision, requires those people who hold a certain number of livestock to provide animals to poor families as follows</td>
</tr>
</tbody>
</table>

**Beneficiaries of traditional safety nets:**

<table>
<thead>
<tr>
<th><strong>Female-headed households</strong></th>
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</thead>
<tbody>
<tr>
<td>Female-headed households <em>agoon</em> are the first priority. They have no livestock but have children who can herd the animals; the husband has usually died.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Aged households</strong></th>
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</thead>
<tbody>
<tr>
<td>The second priority is for poor, aged people who have children but no livestock. In Somali this category of family is termed <em>caydh</em>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Poor households who have lost livestock</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Households who have lost their stock due to drought, disease or other calamity are the third priority for restocking. These families are also called <em>caydh</em>.</td>
</tr>
</tbody>
</table>

2. **The special constraints facing service delivery in pastoral areas**

The introduction of community-based animal health workers into the more remote and marginalised pastoral areas is often explained by reference to the limitations of conventional, government veterinary service delivery in recent years. Frequently, the constraints faced by government services related not only to lack of financial and manpower resources, but also to cultural and professional biases against pastoralists. When these problems were compounded by no vehicle (or no fuel or spares), no equipment, no medicines, delays in receipt of salary and expectations raised by a western-based veterinary education, it was easy to see why so many government veterinarians in dryland areas described (and continue to describe) their work as a punishment.

In addition, the delivery system used by government was based on fixed-point service delivery from veterinary clinics, sub-clinics or animal health posts. In the absence of vehicles and roads, each type of facility might cover an area of radius 10km, assuming that the veterinarian was willing to walk 10km to examine sick livestock. Even when vehicles were available, the cost of running 4WDs rendered a mobile service virtually untenable in terms of cost-efficiency - pastoral communities were highly mobile and operated within huge systems boundaries (Catley *et al.*, 1998).
In Ethiopia, the Somali region is a good example of the problems facing veterinary service delivery (Box 2).

Box 2. Problems facing veterinary service delivery in the Somali National Regional State, Ethiopia (source: Catley et al., 1997)

<table>
<thead>
<tr>
<th>Basic indicators</th>
<th></th>
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<tbody>
<tr>
<td>Geographical area</td>
<td>Approximately 400,000 square kilometres; semi-arid and arid climate.</td>
</tr>
<tr>
<td>Human population</td>
<td>Approximately 3.5 million people.</td>
</tr>
<tr>
<td>Livestock population</td>
<td>Approximately 1.5 million camels, 6.0 million cattle and 11.5 million sheep and goats.</td>
</tr>
<tr>
<td>Basic infrastructure</td>
<td>Less than 5km of asphalt road; dilapidated telephone system; short-wave radio communication not possible</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Veterinary services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resources</td>
<td>23 veterinarians - 1.6 times below recommended level; 10/23 veterinarians located in the regional capital.</td>
</tr>
<tr>
<td></td>
<td>52 veterinary assistants - 13.2 times below recommended level.</td>
</tr>
<tr>
<td>Coverage</td>
<td>Geographical coverage from 30 fixed-point clinics/offices estimated to cover 2.7% of the region.</td>
</tr>
<tr>
<td></td>
<td>Vaccination figures indicated that 84.5% to 95.0% of livestock remained unvaccinated for each year.</td>
</tr>
<tr>
<td>Cost recovery</td>
<td>Estimated to be less than 20%. Government budget for veterinary drugs in 1997 was Ethiopian birr 780,000.00. Estimated veterinary drug requirements for the region valued at approximately Ethiopian birr 9.3 million.</td>
</tr>
</tbody>
</table>

Notes.
- recommended staffing levels from de Haan and Nissen (1985) of 240,000 veterinary livestock units (VLU)/veterinarian and 12,500 VLU/veterinary assistant.
- vaccination for blackleg, anthrax and pasteurellosis was conducted only in response to disease outbreaks; diagnosis was not confirmed by laboratory tests. No other vaccination was conducted.

Looking specifically at rinderpest eradication, while large-scale vaccination programmes eradicated or controlled rinderpest in much of Africa, the disease persisted in a number of more remote pastoral areas where contact between herders and government veterinary services was extremely limited. These areas included the Afar region of Ethiopia, southern Sudan and parts of northern Kenya and northern Uganda. While campaign-style vaccination programmes worked well when livestock owners cooperated with vaccination teams, in pastoral areas relationships between herders and government veterinary staff were often characterised by mistrust at best and open hostility at worst. In this situation, comprehensive vaccination of cattle in marginalised, dryland areas did not take place. One important consequence of this situation was the persistence of rinderpest in Africa (Catley and Leyland, 2001).

3. Community participation and the development of veterinary services in pastoral areas

In the late 1980s, decentralised and participatory animal health systems began to attract increasing interest from non governmental organizations (NGOs). The concept of community participation and its role in animal health services was reviewed (Leyland, 1991) and NGOs such as the Intermediate Technology Development Group and Oxfam UK/Ireland developed projects in pastoralist areas of Kenya (Grandin et al., 1991). Workshops were organised which brought together veterinarians who were developing community-based projects in dryland areas of Sudan, Chad, Uganda and Ethiopia (Young, 1992). These small-scale projects were often said to be ‘community-based’ because they involved local people in various stages of project implementation and focussed on local priorities. Experiences from community-based approaches began to appear more frequently in the informal
development literature and The Arid Lands Information Network published information from projects in Senegal (Obel-Lawson, 1992) and Chad (Hammel, 1995). In 1993, an issue of the journal *Appropriate Technology* was dedicated to community-based animal health and described experiences from Kenya, Afghanistan, Sudan and Chad. In 1998, the French NGO Vétérinaires sans frontières reported community-based animal health worker (CAHW) activities in Guinea, Mauritania, Niger, Senegal and Togo (Vétérinaires sans frontières, 1998).

The trend towards community-based approaches to animal-health services could be justified on practical grounds and at least five features of pastoralism which provide opportunities for alternative and more effective modes of animal health care:

- **For pastoralists, animal health is a priority and with water, livestock disease usually features as the first or second most important problem during participatory needs assessments.**

- **It is widely recognised that pastoralists possess detailed indigenous knowledge on livestock and wildlife disease, including understanding of disease signs, disease transmission and information on livestock movements and seasonal variations in disease incidence. Consequently, using participative training it is relatively easy to train herders to treat a few important diseases because training can build on existing knowledge and often tends to focus on the correct use of medicines rather than disease recognition.**

- **Pastoralists are willing and accustomed to moving long distances to access resources. Pastoral CAHWs are capable of moving with livestock herds and travelling to fixed-point outlets for veterinary drugs.**

- **Indigenous pastoral institutions are often well organised and can be effective and democratic decision-making units. Traditionally, animal health related issues (such as movements to specific grazing areas) are already discussed in these traditional forums.**

- **Although some pastoral communities have been exposed to free or heavily subsidised veterinary services, they usually acknowledge the rational for payment for veterinary services at commercial rates. Experience indicates that the problem of poor veterinary service delivery relates to availability of services rather than cost.** When considering herders' ability to pay for veterinary care it should be realised that:
  - pastoral communities have well-established and complex social support mechanisms designed to assist the less wealthy and share key resources.
  - veterinary care is usually the only expense incurred by herders using extensive, traditional livestock production systems.
  - within pastoral communities, local definitions of poverty are often based on the ownership of too few or no livestock. Hence, the poorest pastoralists are often people who do not have animals to treat (Catley *et al.*, 1998).

4. **Community-based animal healthcare: evidence of impact**

There is an increasing body of evidence to show that the provision of basic animal healthcare through CAHWs can have substantial impact on pastoral communities (Catley and Leyland, 2001).

4.1 **Afar region, Ethiopia**

In 1994 PARC Ethiopia trained 20 CAHWs in the Afar region and supplied them with heat-stable rinderpest vaccine. Prior to this activity conventional, government vaccination campaigns had vaccinated around 20,000 cattle per year in Afar and achieved approximately 60% immunity. In 1994-
95, the 20 newly trained CAHWs vaccinated 73,000 cattle and achieved 83% immunity. No outbreaks of rinderpest were reported from Afar after November 1995. PARC noted that ‘The success in the Afar region is perhaps the most striking example of the impact of participatory techniques in remote, marginalised communities’ (PARC, 1996).

In May 2002, an impact assessment team from the CAPE Unit, PACE Ethiopia, Ethiopian Veterinary Association, national research centres and NGOs conducted participatory assessment in three locations in Afar. Results are still being compiled but indicate that communities perceived CAHW activities to result in substantial reductions in livestock diseases. An example of the data collected is provided in Table 1.

Table 1
Local perceptions of changing cattle disease patterns due to CAHW activities in Bilifero, Afar region (unpublished data). Figures are derived from ‘before’ and ‘now’ proportional piling using 30 stones for each disease. The 8 diseases were identified by women as being the most important diseases affecting milk production in cattle.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Before CAHW service</th>
<th>Situation now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bada (worms)</td>
<td>28</td>
<td>2</td>
</tr>
<tr>
<td>Mesengele (CBPP)</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Ababa (FMD)*</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Guduf (LSD)*</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Andhero (pasteurellosis)</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Geno (anthrax)*</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Weydedo (mastitis)</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Kiribi (fluke)</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

* CAHWs were not provided with drugs or vaccines for these diseases

4.2 Southern Sudan

In southern Sudan, community-based rinderpest control has formed the basis for animal health service delivery since 1993. Using a network of NGOs to work with communities to train and support CAHWs, the UNICEF-Operation Lifeline Sudan (Southern Sector) Livestock Programme achieved a 10.6 fold increase in vaccination coverage following the introduction of community-based systems. Since 1993, vaccination coverage has been maintained at more than 1 million cattle vaccinated/year and reported outbreaks of rinderpest in southern Sudan decreased from 14 outbreaks in 1994 to 1 outbreak in 1997. CAHWs were also trained to address other animal health problems and in 1998 a network of 563 workers covered approximately 70% of southern Sudan (Jones et al., 1998).

In 1999, participatory impact assessment in Western Upper Nile and Bahr el Ghazal indicated that CAHW services during the previous five years had resulted in substantial reductions in livestock disease (Catley, 2000). Local perceptions of changing disease incidence are illustrated in Figure 2. These results were supported by project reports detailing rinderpest vaccination activities and treatment of various diseases by CAHWs. There were no other service providers in this area.

4.3 Wajir District, Kenya

A review of Oxfam UK/Ireland's CAHW project in north-east Kenya in 1998 compared livestock mortality in project and non project areas (Odhiambo et al., 1998). In non-project sites annual mortality in camels, cattle and sheep and goats was estimated at 31%, 32% and 25% respectively whereas in project sites annual mortality was 20%, 17% and 18%. The reduced loss of livestock was valued at KSh. 22,853 (approximately USD 350.00) for each household in the project area and this sum was sufficient to buy grain to feed 2 adults and 4 children for 250 days.
4.4 Kathekani, Kenya

In a private sector CAHW project in a semi-arid area of Kenya, CAHWs cost USD 200 to train but delivered benefits valued at USD 3840 per annum. These benefits were still being delivered ten years after the project ended (Holden, 1997).

4.5 Ruvu Remit division, Simanjiro District, Tanzania

Established in 1998, a CAHW project was assessed in May 2001. The use of interviews and participatory methods showed how Maasai pastoralists associated the CAHW service with reductions in calf mortality of between 59 and 93%. This led to increased sizes of milking herds and more cows milked per household. For example, the average number of cows milked per household increased from 5.3 to 24.2 cows. Communities concluded that the increased milk availability had a huge impact on local food security (Nalitolela et al., 2001).

5. Challenges for Animal Health Institutions

Although community-based animal healthcare systems provide benefits to pastoral communities, often in areas where other veterinary service providers are limited, there is still a great deal of resentment and misunderstanding of the approach within the veterinary profession. The challenge facing veterinary institutions such as government veterinary services, veterinary associations, veterinary boards and veterinary schools is to ensure proper recognition of CAHWs while also developing adequate systems for monitoring and supervision.

5.1 Legal space, flexibility and enabling laws for CAHWs

A key constraint facing CAHW systems is lack of legal recognition. This problem is not restricted to community-based animal health, but affects many community-based initiatives. Reviewing experiences generally in natural resource management, Lindsay (1998) noted that:

‘Community-based management has sometimes succeeded in ignorance of its legal environment. Some community-based systems have operated for many years with no formal
legal underpinning, and perhaps even in direct contradiction to what is written on the law books or administered in the courts’.

When suggesting principles for ensuring the development of enabling legislation for community-based systems, it was suggested that flexibility was paramount. An important strength of community-based services is their responsiveness to local variations in conditions, needs and problems. For example, in CAHW systems different communities have different priorities regarding animal health care. Legislation should acknowledge local variation and provide space for systems to evolve within the new legal framework. But how can lawmakers ensure that this kind of enabling legal space is created?

‘...it is important to ensure that the design of the law - from national legislation down to local level agreements – is governed by the needs, aspirations, insights and capacities of the intended users of the law. This means opening up the process of lawmaking much earlier than is the case in most countries i.e. it is not sufficient to simply hold a few workshops at the end of the drafting process. It would be incongruous indeed for a process designed to elicit participation to be imposed from above without participation in its design.

Yet while this principle might seem intuitively obvious, it require emphasis because – even in democratic societies – the concept of really engaging people in the lawmaking process from the beginning of that process, is either ignored or viewed with alarm’.

For many government and academic stakeholders, the idea to legislate in support of CAHWs instils considerable fear and concern. In addition to more obvious vested interests and desire to maintain the veterinary professions monopoly on service provision (although these services have limited impact on the poor), there is widespread belief that legislation is ‘fixed in stone’ and once altered, cannot easily be changed.

While the process of legislative reform can appear long and daunting, recent experiences from Tanzania shows how new legislation can allow scope for relatively easy amendment of laws covering the recognition and activities of CAHWs (Box 3).

Box 3. New laws with room for manœuvre: proposed enabling legislation for CAHWs in Tanzania (source: Rutabanzibwa and Shayo, 2001)

<table>
<thead>
<tr>
<th>Principal Legislation</th>
<th>the Acts and Ordinances - passed only by parliament</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidiary Legislation</td>
<td>the Regulations, Rules, Orders, Notices and By-Laws - can be amended by a Minister (assuming that he/she is so enabled by the Principal Legislation).</td>
</tr>
</tbody>
</table>

It is proposed that Principal Legislation refers only to two categories of veterinary worker:

<table>
<thead>
<tr>
<th>Veterinarians</th>
<th>the veterinary professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Para-veterinary professionals</td>
<td>defined in the Principal Legislation as a person to whom a particular aspect of a professional task is delegated.</td>
</tr>
</tbody>
</table>

In the Principal Legislation, provisions are kept as general as possible and specific sub-categories of para-veterinary professionals are not defined. These more specific details of who qualifies as a para-veterinary professional, their training, duties and registration are located in the Subsidiary Legislation. In other words, Diploma and Certificate holders and Community-based Animal Health Workers are legally characterised in the Subsidiary Legislation. The crucial point here is that the Subsidiary Legislation and the legal status of CAHWs can change if the veterinary board advises a Minister that change is required. While Subsidiary Legislation
carries equal force of law to Principal Legislation, it is not subject to approval by parliament and therefore, is relatively flexible.

This approach to legalising CAHWs gives veterinary boards a strong role in either expanding the activities of CAHWs if new needs and opportunities arise, or reducing their roles if problems arise.

In summary, legislation can be categorised as Principal Legislation and Subsidiary Legislation. The former requires approval by parliament while the latter can be changed by individuals (e.g. a Minister) or agencies (e.g. veterinary board) who are empowered to do so by the Principal Legislation. Subsidiary Legislation also includes By-Laws of local government. It follows therefore, that if specific rules concerning CAHWs are placed in the Subsidiary Legislation, these rules can be amended either by a Minister (preferably on advice from the veterinary board) without the need to embark on a lengthy approval process through parliament.

### 5.2 Giving pastoralists a real voice and clear role

In common with experiences in primary human health services and natural resource management, there is a strong tendency for veterinary institutions to give scant attention to participation of pastoralists in policy and legal reform processes. Involvement is sometimes non-existent but increasingly, involves some interviews with livestock keepers or workshops where local opinions are voiced. However, real commitment to place pastoralists center stage is rare. Frequently, stakeholder analysis fails to even recognise the poorest as the key stakeholder or when livestock keepers are involved, they tend to be wealthy or politically well connected.

In an attempt to reverse a typical policy-making process, an animal health project in Ethiopia organised stakeholder workshops in which livestock keepers were the majority and livestock professionals the minority. The approach was based on a simple categorisation of stakeholders, with livestock keepers and women being identified as the primary stakeholders (Box 4).

**Box 4. Poverty-focused stakeholder workshops to inform policy on animal health service delivery: an example from Ethiopia** (source: Veterinary Services Support Project, 1997)

In the Somali National Regional State in eastern Ethiopia, stakeholder analysis was used in the design of animal health services at a time when veterinary privatization was being advocated by the Ethiopian Government. The stakeholder analysis involved two workshops with different livestock owners, community elders, religious leaders, women, traditional livestock healers, private veterinary drug traders, livestock traders and government veterinary personnel from four zones.

The workshops were opened in a traditional manner using a well-known Somali poet to introduce the theme of the workshop and describe the various options for treating sick livestock that were available at that time. Facilitators were local people who were experienced users of participatory methods. Workshop participants were divided into groups to discuss topics such as:

- the main benefits and diseases of livestock;
- the role of women in animal healthcare and options for treating sick livestock;
- the role of traditional medicine versus modern medicine for treating livestock diseases;
- livestock disease, veterinary services and livestock trade as perceived by livestock traders;
- strengths and weaknesses of the existing veterinary services;
- ability and willingness to pay for veterinary services;
- opportunities for improvement and risks.

During the discussions, participatory tools were used to identify and prioritize issues, problems and solutions. For example, ranking was used to understand how different stakeholder groups were treating their animals. Representatives from each stakeholder group then presented the findings of their discussion to the rest of the workshop participants and the whole workshop voted on key issues and ideas for improving veterinary services.
The stakeholder analysis workshop was successful because each stakeholder group was able to voice its opinions and needs. More powerful stakeholders such as government veterinarians had to explain the weaknesses of the existing veterinary service to the end-users and work with them to identify a way forward. The stakeholder approach also helped to ensure that less powerful groups were not misrepresented. In this case, all stakeholder groups gave their support to basic, clinical veterinary services which could be delivered by community animal health workers linked to private veterinary pharmacies. Government vets agreed to consult regional government officials and produce a ‘policy statement’ to support private veterinary activities and CAHWs.

6. Conclusions

In conclusion, there is a substantial and growing body of evidence to show that when CAHWs are properly selected, trained and supervised, they can provide direct benefits to pastoral communities. In the case of disease eradication, these benefits can also be shared nationally. Despite this evidence, legal and policy reform to support community-based systems has been slow to emerge. Veterinarians have often feared CAHWs while failing to offer alternative solutions to improved animal healthcare that fit existing resources and human capacities.

The strategy for expanding community-based animal health care for pastoralists (and other livestock keepers) in marginalized areas should be based on institutional development and change. Institutions such as government veterinary services, veterinary schools and donors will all need to ensure they are committed to change and client-orientated. Tools for encouraging institutions to review their roles and structures include sensitization to community needs, stakeholder analysis and developing better inter-sectoral and inter-institutional linkages. Participatory impact assessment can put policy makers in direct contact with pastoral communities and provides an opportunity for policy makers to witness the real conditions on the ground and the benefits provided by CAHWs.

References


