ORGANIZATION OF AFRICAN UNITY
Interafrican Bureau for Animal Resources

SIXTH CONFERENCE OF MINISTERS RESPONSIBLE FOR ANIMAL RESOURCES

18th - 22nd March 2002
Addis Ababa, Ethiopia

TOWARDS POVERTY-FOCUSED POLICIES, LEGISLATION AND INSTITUTIONS FOR ANIMAL HEALTH SERVICE DELIVERY IN AFRICA

MAR/03 (V1)
Towards poverty-focused policies, legislation and institutions for animal health service delivery in Africa

Andy Catley, Community-based Animal Health and Participatory Epidemiology (CAPE) Unit, Pan African Programme for the Control of Epizootics, OAU/IBAR

Abstract

This paper reviews the rationale for encouraging livestock institutions to focus more clearly on the needs and aspirations of poor people as a central facet of poverty alleviation. This requires institutions to realign current ways of working to ensure that communities are actively involved in the reform of policies and legislation which affect their lives and livestock.

The development of institutions and laws to support more accessible primary-level veterinary services for poor people is used to illustrate contradictions between substantive bodies of theory and practice which support community-based approaches, and existing institutional and legal frameworks. However, the paper also draws on recent, positive experiences in Africa to show how some veterinary institutions are investing in more ‘pro-poor’ policies and rules to improve basic service delivery.

The paper recommends that veterinary institutions conduct critical reviews of their impact on the poor and focus their attention on partnerships with livestock keepers based on a more appropriate balance of professional and local opinion. These activities require veterinary institutions to learn and practice new skills such as participatory policy and social analysis, and understand legal structure and flexible law making. Close collaboration with professionals from other sectors is also required. In some institutions, it will be useful to establish specific learning units dedicated to transferring field experiences and testing of new models to policy makers. For these units to have impact, support from the highest levels is required.

Preamble

Poor people in Africa are highly dependent on livestock and livestock products to maintain and improve their livelihoods. Whether it is the sale or consumption of milk, eggs or meat, use of draught power, or a range of other uses, a substantial body of experience and literature shows how animals contribute to human health and development in Africa. In addition to the obvious benefits provided by animals at household level, there is increasing evidence to show how global changes in human population growth and demand for animal-derived foods provide new opportunities for Africa to develop livestock trade. This issue is discussed more fully by other papers during the OAU/IBAR Ministers of Livestock Meeting.

1. Institutions, Rules and Economic Theory

1.1 New Institutional Economics

For livestock sector professionals interested in poverty reduction, greater attention to institutions and laws can be justified by reference to both theory and experience. In recent years, economic theory has highlighted the importance of institutions in creating a so-called ‘enabling environment’ for economic growth. This is because institutions define incentives in society by setting rules which determine the profitability and viability of economic activities. Rules comprise the formal - as written in the law books - and informal, which govern human behaviour and interaction. Ideas regarding the role of institutions in development form the basis of a branch of economics called the New Institutional Economics (NIE). Past economic theories have tended to downplay institutional influences in economies by assuming that all players have access to perfect, objective information and therefore, decision making is entirely rational. In contrast, NIE argues that information is rarely complete and transaction costs are a key determinant of market activity (North, 1998).
1.2 **Veterinary institutions**

Regarding primary veterinary services, the key institutions at national level are State Veterinary Services (SVS) and veterinary boards (or councils) which define the formal rules governing service delivery. At present, key influences on these institutions are other, non-veterinary government policies and rules, and the veterinary profession. The veterinary profession comprises a substantive body of peer pressure which is most commonly articulated via veterinary schools, veterinary associations and research institutes.

In terms of poverty-focused development, veterinary schools have usually promoted the production of high numbers of veterinarians who are trained, primarily, to address animal health problems in more intensive livestock production systems. Problems specific to the livestock types reared by poor people and delivery systems capable of providing services to such people have usually been a low priority. Veterinary associations exist mainly to ensure the welfare of their members. Regarding veterinary research centres, incentives for the development of technologies which can really be used by and delivered to the poor have often be overlooked. For example:

> ‘Many research organisations, both in developing and industrialised countries, encourage and reward their staff for conducting highly controlled research experiments based on hypotheses derived from previous scientific investigation. The research organisation rewards its staff on the basis of the number of scientific papers they publish rather than the impact of their research on the poor. Scientists have little incentive to invest in participatory, client-led research that would result in the development of more appropriate technology for the poor. Indeed, the scientific reward system may penalise research conducted in such an ‘orthodox’ way’ (Livestock In Development, 1998).

### 1.3. Does theory fit experience in the animal health sector?

Although the importance of livestock to poor people in Africa is widely recognised, livestock development projects have a weak track record of improving the livelihoods of the poor. In a review of more than 800 livestock development projects supported by a range of donors and implemented by government and NGOs, very few projects were found to have resulted in sustained benefits (Livestock In Development, 1998). Reasons for low impact were numerous but could often be attributed to organisational and institutional weaknesses such as inappropriate policy and legislation, development of technologies that farmers didn’t want or couldn’t be sustained, and the failure of organisations to make use of new skills. For example, decentralised, participatory planning with farmers was often rejected within organisations because of conflict with professional attitudes and values. In summary, institutional frameworks do not support the client-focused delivery of services.

Taking the example of community-based animal health workers (CAHWs), reference to impact assessments indicated major benefits with limited investment (see Box 2 below). However, in many countries CAHWs operated outside the legal framework and therefore, their sustainability was questionable. This was an example of a service that was widely appreciated and used by livestock keepers but which failed to receive official support.

### 2. Partnerships with poor people for effective policy reform – does it make sense?

While economic theory and past experience indicate a clear need for poverty-focused livestock institutions, the question of how to promote pro-poor institutional change remains subject to discussion. Increasingly however, giving poor people a prominent role in the change process is advocated by development agencies and donors. But when creating better policy and legal frameworks for primary veterinary services, does this approach really make sense? This section outlines the rationale for greater involvement of poor people in designing better policies and rules for primary animal health service delivery according to:

- Development theory
- Client-focused business management
- NIE and veterinary privatisation
- Realities on the ground
- Evidence of impact of community-based approaches
Since the end of the Second World War, development theory and consequently aid policy has moved through at least three distinct phases. Initially, industrialised countries associated underdevelopment in Africa with lack of technology (Cohen and Uphoff, 1980). Hence, development theory was based on a western perception of a "technology gap" and the notion that poor people would become more developed by adopting new technologies. Soon after, "resource-gap" theories emerged based on disparities between government income and expenditure, imports and exports, and savings and investments. In these technology-transfer and resource-based theories of development, poor people were expected either to improve their lives by adopting new technology or to make contributions to the national good in the form of taxes, production of items for export and through savings and investments. Up to the late 1960s, both of these theories were the bases for international aid. They implied a passive role for most people in poor countries (who had technological innovations delivered to them or were compelled by government to contribute to national-resource flows). These processes were controlled by a relatively small number of highly trained technicians or resource managers.

In the late 1960s, 'organisational' gap theory evolved to describe inappropriate relationships between centralised, powerful bodies and poor rural communities. In this theory, rural development was hindered by 'one-way, top-down, extractive' linkages (which to a large extent had arisen due to previous development theories). The new theory called for decentralised local approaches and appropriate technology, and the phrases 'popular participation' and 'people participation' began to appear in development agencies. For example, in the 1970s organisations such as the World Bank, Overseas Development Administration and United Nations called for participation to be a feature of national development strategies.

The concept of participation appears to have evolved from two main bodies of experience and thinking. First, there was increasing recognition that rural people were not devoid of knowledge and skills, but were highly resourceful with detailed understanding of their surroundings and situation. Recognition of indigenous
knowledge and blending of the ‘local/indigenous’ with the ‘modern/scientific’ became a guiding principle of participation. This was a pragmatic feature of participation which aimed to use existing human capital (i.e. knowledge) as the basis for new learning and change. The other important principle of participation was rights-based. Here, it was argued that people (whether poor or otherwise) had an automatic right to contribute to processes that affected their lives. This aspect of participation relates to more democratic, open and decentralised government. In summary then, participation requires people's involvement in decision-making, programme implementation, sharing the benefits of development programmes and evaluating programmes.

An understanding of development theory is useful when considering poverty alleviation in relation to veterinary services. Not least, technology-centric thinking still drives many institutions despite much evidence that new technologies per se have limited impact on the poor (see section 1).

2.2 Learning from ‘big business’

Among the constraints facing the wider application of participatory approaches with support from professionals and government are fundamental issues of control and power. Within the professions, those with a hard science education are often reluctant to accept that their knowledge and views alone are insufficient for designing appropriate, sustainable services. Notions of the poor as ignorant people ‘out there in the bush’ still prevail in certain quarters. Within government, commitment to meaningful support to large-scale participatory development requires openness and flexibility. For example, how should a government respond if poor people, via participatory analysis, identify development solutions that contradict government policy?

An alternative way of looking at participation and poverty comes from big business. Indeed, there is now much overlap between business management theories and practice, and those of participatory development and institutional change. The business management guru Tom Peters now makes a living writing books and giving highly paid lectures. More than ten years ago he was advising America’s top business managers to ‘Empower people, love change, learn to listen and delegate to those at the frontline’ (Peters, 1989). The bottom-up, people-centred aspects of participation are strikingly similar to the concept of ‘customerizing’ in which businesses emerge and adapt according to what their clients want – ‘We, the business, are still at the centre of the universe presenting them (the customer) with a carefully crafted menu of offerings. It misses the huge Disney leap into them creating us. Customer-as-initiator is the point’ (Peters, 1992). If we’re in the business of poverty reduction, surely it makes sense to listen to poor people?

While some ideas in business management and participation are converging, experiences derived from the business sector are also highly relevant to another facet of animal health service reform viz. veterinary privatisation.

2.3 Veterinary privatisation: misguided perceptions of ‘low potential’ areas?

The economic rationale for restructuring of state veterinary services and veterinary privatisation is well described in the literature, and increasingly, draws on NIE theories (e.g. Holden, 1999; Leonard et al., 1999). In more intensive and peri-urban farming areas, veterinarians have predicted business performance based on estimates of drug sales, artificial insemination services, clinical services and other activities. Notions of financial viability in business planning have been associated with relatively active livestock markets and commercial livestock enterprises.

In more marginalized areas, such as those supporting pastoralist production systems, private veterinary pharmacies or clinics have been extremely slow to develop. As transaction costs are higher in these areas, livestock marketing is poorly developed and pastoralists are often perceived as reluctant to pay for services, few veterinarians have ventured into the private sector in more remote areas. In addition, these areas offer veterinarians less options for comfortable living compared with towns.

Although veterinarians often hold strong views concerning the willingness or ability of livestock keepers to pay for services, careful questioning and participatory analysis of service delivery issues has consistently highlighted inaccessibility rather than cost as a key constraint. Even in areas with a history of subsidised provision of veterinary drugs, discussion on topics such as sustainability, reliability and fair pricing inevitably shows how livestock keepers are willing to pay for basic, quality services (Box 1).
2.4 Realities on the ground: poor infrastructure, logistical constraints and conflict

Looking specifically at the delivery of primary animal health services in Africa, most livestock belonging to poor people are found in areas with weak infrastructure and communications. The situation is compounded by difficult terrain varying from high mountains, to deserts, huge swamps and forests. Physical access to livestock often impossible unless veterinary workers are willing to walk or ride a bicycle, donkey, mule or camel. Typically, this mode of transport is not attractive to veterinarians but is used every day by local people.

Box 1
When finding out about people’s willingness to pay for veterinary care … ask livestock keepers

When discussing the commercialisation of livestock services, Gleeman (1999) advised that:

‘Whenever commercialisation is proposed as a strategy to improve the service supply, someone will come up with the argument: “Farmers are not willing to pay for the service”. Do not take general statements like this for granted, but question them systematically.

? Why shouldn’t farmers pay for the service? Have they received free until now, or is it assumed they are too poor to pay?

? What are farmers paying for and willing to pay for already? Do we know? Did we ask them?

? Which arguments can we use to encourage farmers to pay for a service they have not previously paid for or even never received?

It is amazing how easy it is to find out the answers to these questions by simply asking ourselves, our competitors or farmers directly. Usually they will respond with the words “Yes, we are prepared to pay, if the service is of good quality and beneficial to us”

In a remote area of northern Somalia/Somaliland, the NGO ActionAid shifted responsibility for provision of veterinary drugs from themselves to the private sector following a series of discussions with pastoralists of various wealth groups.

‘In Sanaag Region in 1993, the sale of one sheep to buy medicine to treat a sick camel was often cited as a fair price for the medicine. One herder explained that this was equivalent to a local remedy which involved the slaughter of a goat to make a broth for a sick camel. Even herders with relatively small herds of around 40 sheep and goats seemed ready to purchase medicines at much higher prices than those proposed by the elders when the project began” (Catley, 1996).

In Karamoja, Uganda, discussions were developed with herders on the value of veterinary drugs for some common diseases. The types of questions asked were: ‘If you have a bull and that bull is worth Uganda shilling (UgSh) 300000, how much is the medicine worth which can prevent the bull suffering from CBPP?’ Examples of responses were:

‘Different things can be sold to buy the medicine such as a large cockerel (value UgSh 3,000), a goat (value UgSh 25,000) or some grain. Alternatively, a drum of beer can be brewed and sold (value UgSh 10,000)’ (women’s group in Karenga).

‘Regardless of whether a man owns ten cows or 100 cows, he should sell one cow to buy the medicine’ (men in Sidok).

With a group of men in Karenga a cost–benefit discussion was developed using an example of a farmer whose four young adult goats (three does and a buck, valued at UgSh 160,000) died from a disease. If these goats had survived then they might have produced up to 30 kids during their lifetime; assuming these kids were 15 males and 15 females, their sale value would be around UgSh 1,050,000. The cost of the service to treat the four sick goats would have been around UgSh 2,000 and this money could have been obtained by selling only one chicken worth UgSh 3,000. The early treatment of the goats would have resulted in a huge benefit that was recognized and discussed by the group (Catley, 1997).
From an economic perspective, service delivery in marginalized areas involves high transaction costs and options to improve service include trained para-veterinary professionals and community participation (McDermott et al., 1999).

<table>
<thead>
<tr>
<th>Table 1</th>
<th>People, land, infrastructure and communications: a comparison of the USA and Horn of Africa (CIA Fact Book, 1999)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>Horn of Africa</td>
</tr>
<tr>
<td>Human population</td>
<td>272.6 million</td>
</tr>
<tr>
<td>Geographical area</td>
<td>9.62 million km²</td>
</tr>
<tr>
<td>Population density</td>
<td>28.27/km²</td>
</tr>
<tr>
<td>Roads - total</td>
<td>1.50/km²</td>
</tr>
<tr>
<td>Roads - paved</td>
<td>0.41/km²</td>
</tr>
<tr>
<td>Telephones/1000 people</td>
<td>626</td>
</tr>
<tr>
<td></td>
<td>4.3</td>
</tr>
</tbody>
</table>

In addition to logistical and infrastructure constraints, conflict continues to affect many rural populations and dissuades professional veterinary involvement in service delivery at the point of the livestock keeper. Conflict varies from small scale raiding to civil and international war. In February 2002, at least 23 African countries were subject to levels of conflict that would severely affect veterinary service delivery in part or all of their territories. This combination of logistical, infrastructural and security factors indicates that the involvement of livestock keepers in service provision often makes a great deal of practical sense, regardless of development theories.

2.5 Reaching poor people through Community-based Animal Health Workers (CAHWs)

When reviewing livestock development projects for DFID, a few ‘islands of success’ were identified with regards impact on poor livestock keepers. Among these, community-based animal health services were prominent and examples of impact are provided in Box 2.

Box 2
Community-based Animal Health Workers have real impact on the lives of poor people

Example 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).

Example 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).
The examples of positive impact delivered by CAHWs and summarised in Box 2 help to dispel at least one important myth about community-based systems viz. that they are only appropriate for ‘war zones’. Although CAHWs have proven to be extremely valuable in conflict areas, evidence from Kenya and Tanzania shows how CAHWs are also excellent primary-level service providers in countries with a stable security environment. Impact assessment is a crucial tool in developing better policies and legislation for CAHW services, as discussed in section 3.

3. Challenges for Animal Health Institutions

3.1 Legal space, flexibility and enabling laws for CAHWs

As mentioned above, 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 law makers 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 requires 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 instills 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 manoeuvre: proposed enabling legislation for CAHWs in Tanzania (source: Rutabanzibwa and Shayo, 2001)

We can divide veterinary legislation into two main types:

- **Principal Legislation**: the Acts and Ordinances - passed only by parliament
- **Subsidiary Legislation**: 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).

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

- **Veterinarians**: the veterinary professionals
- **Para-veterinary professionals**: defined in the Principal Legislation as a person to whom a particular aspect of a professional task is delegated.

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.

### 3.2 Giving poor livestock keepers 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 poor people 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 poor
people centre-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.

It can also be noted that exclusion of poor people from dialogue on animal health issues is not always a conscious decision on the part of workshop organisers or policy analysts. In many cases, direct interaction between central managers and livestock keepers is a novel experience, regardless of whether the livestock keepers in question are rich or poor. Commonly, policy makers feel that they’ve made genuine efforts to canvas a broad range of opinions and only when it is pointed out to them, do they realise that the poor have had a limited say.

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 (i.e. most important) 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. Eastern Ethiopia supports pastoralists and agropastoralists and is a large, sparsely populated dryland area. 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.
3.3 Institutional Training and Learning for Community-based Services

There is no fail-safe or standard approach for enabling veterinary institutions to improve their capacity to enable or deliver better services to poor livestock keepers. Each institution has its own existing aims and objectives, management and administrative systems, and professional norms and behaviours. Change processes have to recognise these characteristics and respond with methods and activities that suit a particular institutional set up. However, there is no doubt that veterinary institutions have tended to lag behind other sectors (such as agriculture, forestry, water development and human health) in terms of learning about community-based approaches. One aspect of institutional change could involve analysis of this resistance to new ideas and tendency to reject, sometimes out of hand, more people-centric ways of working.

Despite the need for flexibility when designing change management, a few practical guidelines are outlined below based on the institutional learning and training cycle described by Thompson (1998) (Figure 2) and experiences of the CAPE Unit in OAU/IBAR (Leyland and Catley, 2000).

**Figure 2**
The Institutional Learning and Training Cycle (source: Thompson, 1998)

- **Recognising the need for change**

  The first stage is a critical review of an institution’s impact on poor people. Do the institution’s vision, aims and objectives focus (or even acknowledge) on poverty alleviation? Do activities focus on work with poor people and respond to their needs? Are such activities dominant or marginal? Can an institution demonstrate real evidence to show how its work improves the lives of poor people? How can objectives be improved?

  A common misconception at this stage is that institutional review is the same as ‘restructuring’. Restructuring is more concerned with realignment of personnel, and improving management and administrative efficiency. It is often viewed negatively by employees because reductions in staffing levels are a common outcome, particularly
in large government bureaucracies. To some extent, veterinary institutions such as government veterinary services and research centres have already down-sized.

When conducting an institutional review, senior-level managers of veterinary institutions can often benefit from outside help. Experts in institutional analysis or organisational change can provide an unbiased assessment, provide staff with new information about options and methods for change, and facilitate dialogue on sensitive issues.

Conceptualising a new approach

This stage should evolve from the institutional review and be a logical response to institutional weaknesses. It requires open-minded and committed investment to learning about community-based approaches. Central to its success is the willingness of senior managers to commit time to training for themselves because ultimately, they will be responsible for expanding positive lessons learned into the institution as a whole. In the absence of strong institutional backing at the highest level, experiences of middle or lower level staff can soon stagnate and enthusiasm wanes. This stage can also be a major challenge. Senior managers are often reluctant to participate in training citing reasons such as ‘I’m in charge because I already know how to manage!’

An important component of developing new ideas for improved service delivery is exposing people to the potentially confusing issue of ‘community participation’ and seeking a common understanding. At present, veterinarians use widely varying interpretations of community participation, and commitment to ‘active participation’ is advised (Catley and Leyland, 2001). In this type of participation:

‘People participate in joint analysis, development of action plans and formation or strengthening of institutions. Participation is seen as a right not just the means to achieve project goals. The process involves interdisciplinary methodologies that seek multiple perspectives and make use of systemic and structured learning processes. Because community groups take control over local decisions and determine how available resources are used, the groups have a stake in maintaining structures or practices’.

Testing a new approach in the field

Once support is evident from senior-level staff, new concepts can be tested at field level. This is a form of institutional training and learning, and can comprise various activities. In some countries, SVS and veterinary schools can establish community-based animal health projects as ‘pilot projects’ which expose staff to hands-on learning in the field and feed back lessons to policy makers. This approach usually requires training of staff in participatory project design and planning, and participative training techniques (Catley et al., 2002). If community-based animal health projects already exist (e.g. NGO projects) secondment of staff to these projects can be a useful way for government to learn about new approaches without the expense of starting from scratch. Similarly, joint impact assessment of existing CAHW systems with NGOs can be a powerful way to transfer lessons learned to veterinary institutions.

The CAPE Unit of OAU/IBAR has particular experience in field level testing of CAHW systems and transferring local experiences to central government. In terms of process, three important lessons are:

- Experiences from outside a particular country are often of interest, but rarely directly influence change in that country. Policy makers usually want to test a new system within their own national political, economic and institutional contexts. While country-to-country learning is valuable, it should be viewed as complementary to in-country assessments by national staff.

- While some NGOs can possess good field-level capacity and have long experience of community-based approaches, relationships between NGOs and government can sometimes be tense. In these situations, impact assessment of NGO projects can be heavily biased and do little more than highlight areas of conflict. Increasingly, government and NGOs are coming together to improve primary animal health services. The regular Decentralised Animal Health Workshops in Kenya and the Livestock Working Group meetings in Ethiopia are two examples of forums where government and NGOs come together.

- When properly used, participatory impact assessment methods capture the views of poor livestock keepers while also allowing technical measures of change in livestock diseases and
production (Catley, 2000; Nalitolela et al., 2001). Again, project personnel usually need training and practice in participatory impact assessment.

**Systematise lessons**

The testing stage should yield two broad sets of lessons learned. First, effective training and learning methods for in-house staff should have been identified. These methods include desktop reviews, study tours, field-based pilot projects, secondment of staff to other projects and impact assessment. Second, there should be recommendations arising from the pilot phase which, assuming experiences are positive, inform wider application of the approach within the institution concerned. This stage should lead into a ‘trainers of trainers’ phase and the design of learning activities for a wide range of personnel.

**Institutionalise the new learning**

This stage requires awareness-raising and training within the institution as a whole, followed by full integration of lessons learned into the institution’s formal and informal rules, and working practices. When the institution concerned is an SVS, this process can lead to policy analysis and change, and ultimately, new legislation to support the community-based approaches which have been tested.

In some institutions, lessons learned from a training process can be consolidated by the development of units dedicated to primary veterinary service delivery and improving basic services for poor livestock keepers. For example, in Tanzania the Animal Health Services Project developed and tested community-based animal health systems in Mwanza and Shinyanga regions. Experiences will be institutionalised in the Ministry of Livestock and Water Development through the creation of a national-level ‘Animal Health Services Delivery Coordination Programme’. Although at an early stage of its development, this unit is likely to have close links with those sections of the Ministry dealing with veterinary privatisation and epizootic disease control.

**4. Conclusions**

In conclusion, the strategy for expanding community-based animal health care for poor livestock keepers in Africa 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. Training of staff is required and as indicated above, this should begin with senior-level staff who can then provide the necessary managerial support to the change process.

**References**


