



GLOBAL AGENDA FOR
SUSTAINABLE LIVESTOCK



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8th MSP meeting Ulaanbaatar, Mongolia, 11-15.06.2018

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VSF International

Quality animal health services adapted to pastoralism: the role of Community-based Animal Health Workers

Ulaanbaatar, 8th MSP Meeting
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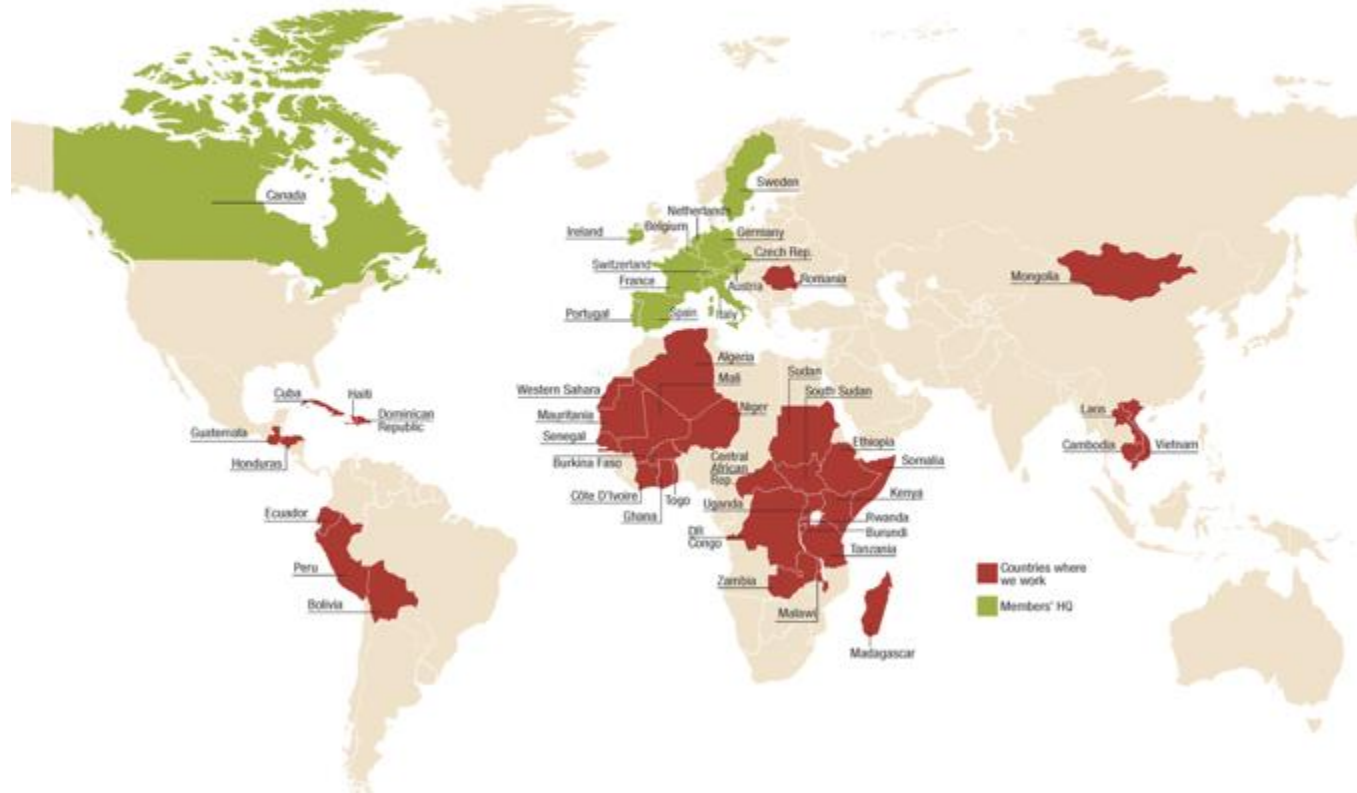
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-  CAPACITY BUILDING AND TRAINING
-  EMERGENCY RELIEF AND PREPAREDNESS
-  FOOD SECURITY AND NUTRITION
-  ADVOCACY



Benefits of a performant animal health system:

○ Socio economic benefits

- Direct and indirect animal losses caused by diseases → impact on economy; food and nutrition security; recovery capacity after shocks; rural exodus...

○ Sanitary benefits

- Zoonosis, public health, food safety, AMR

○ Commercial benefits

- Sanitary standards for livestock export



Evolution of veterinary services in pastoral areas

- In many African countries: Veterinary services first provided by the State, for free. Then privatization since the 90s (Structural Adjustments)
- Often this was not a proper transition: lack of favorable institutional and legislative frameworks. No immediate replacement by the private sector & lack of incentives for relocation of private vets.

Many areas remain under-served by private veterinarians because of the perceived **low economic attractiveness** and difficult living conditions.

In remote rural areas: lack of veterinary services and **absence of epidemiological control systems** from the National Veterinary Services to the farmers.

Coexistence of public and private animal health services
potential
U

Mobility

Problem of accessibility to animal health services, in terms of geographic proximity



CAHWs: key actors of proximity animal health services

Community-based Animal Health Workers (CAHWs):

livestock keepers, with solid ties with their community of origin, who are trained to provide animal health services to other members of their community, under supervision by a graduated veterinarian.



Proximity animal health systems:

→ ensure coverage in remote areas or to dispersed communities of mobile pastoralists

- Private veterinarians
- Veterinary para-professionals
- State agents (vets and VPP in public sector)
- Community based animal health workers (CAHWs)
- Livestock keepers → epidemiology reporting ; basic animal health

Study on proximity animal health systems

Jan. - June 2017, Margot Galière (vet trainee) / 19 countries

GRADUATED VETERINARIANS:

- Nearly all countries with training curriculum, but very limited n. of vets
- Public sector: present in all countries, but mainly at central level
- Private sector: not always existing (livestock), exact n. rarely known

VETERINARY PARA-PROFESSIONALS:

- In general 2 to 4 years' training, but sometimes less
- Often 2 to 3 different categories in 1 country; highly variable denominations
- Exact n. rarely known, but much higher than vets in general (x3 to 5 times more)
- Activity regulated by VSB in 50 % of the countries
- Generally present in both public (decentralised level) and private sectors (employees of vet clinics or self-employed in some countries).





Study on proximity animal health systems

COMMUNITY ANIMAL HEALTH WORKERS:

- Present in all surveyed countries; highly variable denominations
- Exact n. rarely known, but often high (> 1000 for 11 countries)
- Present all over the country, in most cases
- Regulatory status highly variable: official (7), informal (6), none (6)
- **Official / informal status generally goes along with harmonised training and /or authorisation to practice**
- Income sources are highly variable (also depending on regulatory status): farmers (17), but also State (9), NGOs (8), private vets (6)
- CAHWs structuration: existing in 8 countries (official / informal status)

OTHER ACTORS:

- Veterinary drugs can also be sold by pharmacists (12 / 16 countries).
Illegal sales reported in all countries.

Results (cont.)

Country	CAHWs			N. of Veterinarians	N. of VPP
	Denomination	N.	Geographical coverage		
Burkina Faso	• Auxiliaires d'Élevage (AE)	105	Régions Sahel, Est et Centre Nord	81	n/a
	• Vaccinateurs Volontaires Villageois (VVV)	4000 (est.)	All country		
Mali	<ul style="list-style-type: none"> • Auxiliaires d'Élevage (AE) • Eleveur-Relais (ER) • Vaccinateurs Villageois de Volailles (VVV) 	1000-2000 (est.)	All country except North Mali	298	1200
Senegal	• Auxiliaires d'Élevage (AE)	1000-1500 (est.)	All country	125	500
South Sudan	<ul style="list-style-type: none"> • Community Animal Health Workers (CAHW) • Small Stock and Poultry Auxiliaries (SSPA) 	1570	All country	77	400
Tanzania	• Community Animal Health Workers (CAHW)	1400 (est.)	All country	400	n/a

Setting-up CAHWs: the VSF approach/experience

→ VSF International supports proximity animal health services since 30 years in 20 countries.



FLEXIBILITY

There is no ready-made model for setting up CAHWs: functions, training and statute have to be flexibly adapted to the local setting (existence of a legislation regulating CAHWs' activity, presence of private veterinarians, sanitary and livestock environment)

Setting-up CAHWs: the VSF approach/experience



BUT COMMON PRINCIPLES

1. CAHWs' **selection** in a participatory exercise with the community, private vets, veterinary public service, according to co-identified criteria:
 - level of schooling/ basic education,
 - having a good community reputation,
 - having demonstrated a very strong sense of community,
 - having time and dedication, ...
2. CAHWs' **skills & competences**: curricula should include
 - a set of basic competences, which are equal in the national territory,
 - and some location-specific competences to account for variations and priority needs in different ecological zones and production systems.
 - Need for harmonization at national level

Setting-up CAHWs: the VSF approach/experience

3. Training modules

- shall include **theoretical training** in the local language, and **practical activities** (*learn by doing*).
- emphasis to the **relationships of CAHWs with private and/or public vet services** and the responsibility borne by CAHWs towards their own community.
- training techniques and material adapted to the level of schooling
- **Length and schedule** of the course to be made in consultation with the CAHW trainees (→ take into account seasonal agricultural or herding tasks of trainees, pastoral mobility, gender and cultural factors...)

4. Thanks to repeated **refresher trainings** and continuous follow up, CAHWs are able to acquire, over the years, a quite substantial set of competences and knowledge in veterinary medicine.

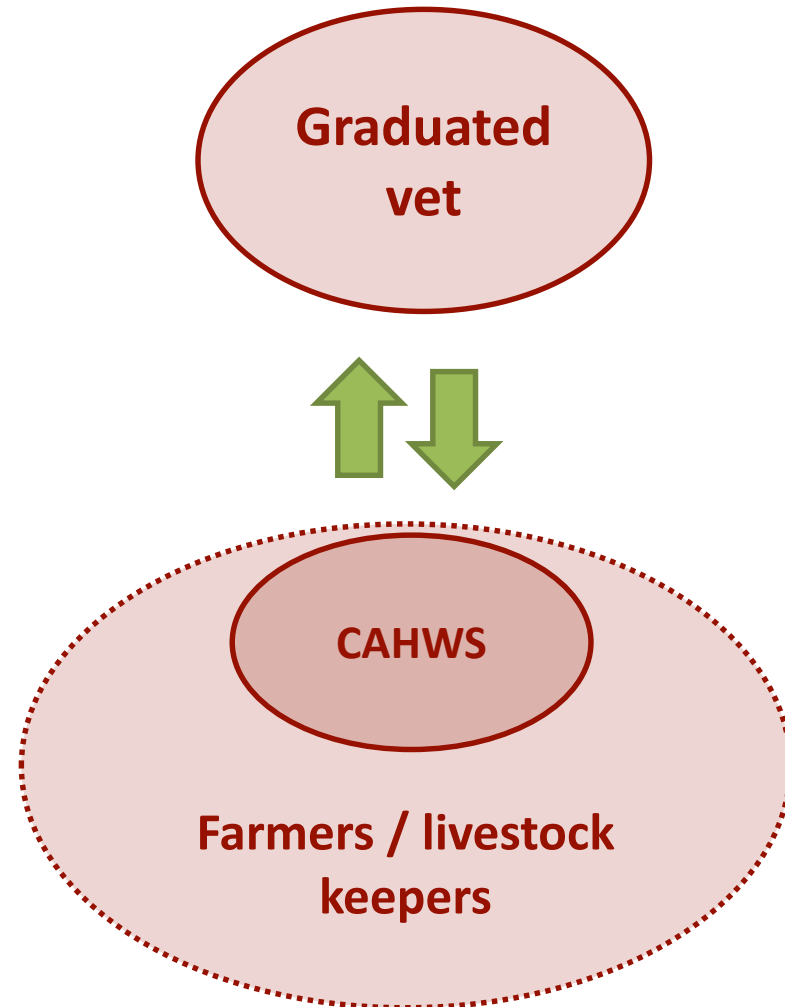
5. **Training of Trainers:** focus on participatory teaching techniques



Institutional set-up of proximity animal health services

CAHWs should be part of a broader institutional set up, which involves all different animal health actors at national and local levels and takes into account their interactions.

- CAHWs always linked to private vet and public vet services, to ensure security and sustainability of the intervention
- Interventions shall include strategies to support all the actors in the system





Take home messages

- Graduated vets are always in limited numbers, insufficient to secure a proximity animal health service network by their own.
- VPPs allow to complete, **but not always / everywhere.**
- CAHWs exist in all developing countries, often since many years and are now fully part of the rural fabric. Providing adequate training, they can ensure animal health services and surveillance where nobody else does.
- They are stable actors, as a result of being embedded in their community.
- The huge variability of their status, training and supervision is a major factor of risk regarding quality / efficiency / security of their interventions.
- Official definition of their status, duties, rights and limits at national level is the first step towards adequate training curricula and relevant supervision, as vital conditions to secure their activity.



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Thank you!

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#LivestockAgenda



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