

Chapter 1 : Community-Based Animal Health Workers in the Horn of Africa An - www.nxgvision.com

Community-based Animal Health Care (CBHC) is an approach aimed at delivering services that are controlled by the community as opposed to the conventional government controlled or centralised service delivery approach.

Field methodology and design List of key informants and workshop participants The initial results proved encouraging, and successes coincided with cutbacks to government veterinary services due to structural adjustment programs. With many remote livestock-rearing areas underserved, a phase of scaling-up of CAHW initiatives began in the early s. Over time, CAHWs attracted the attention of government veterinary services, and by the mids, there were calls for CAHWs to be either formally recognized and regulated, or removed. The review highlighted substantial achievements of CAHWs in terms of rinderpest control and basic clinical veterinary service provision, especially in remote or conflicted-affected dryland areas. A third phase of CAHW project development commenced in the s, with emphasis on gathering more evidence on CAHW approaches, defining good practice, and supporting policy and institutional change; evidence of the impact of CAHWs was presented at numerous national and international forums to assist policy processes. As the number of CAHWs increased and their impact became more widely known, humanitarian projects increasingly used them for emergency response and rebuilding livelihoods after disasters. Evidence showed that CAHWs can improve preparedness and resistance to emergencies such as drought. The use of CAHWs in emergencies highlighted some important coordination issues, such as the use of subsidized emergency drugs undermining privatization initiatives. By the mids, these and other issues influenced the need for guidelines and standards for livestock projects in emergencies. In , NGOs were beginning to experiment with veterinary voucher schemes during drought, to both improve veterinary care and also support local, private services that were needed for post-drought recovery and clinical care during normal periods. The challenge at this point was to update and refine policies, and to enact them. Regulatory bodies needed to be strengthened, and clear legislation was required to enable privatized veterinary services with CAHWs in dryland areas. At the same time, government veterinary services could benefit from the cost-effective disease surveillance and response capacity that CAHWs had demonstrated. The objectives of the evaluation were set by OFDA as follows: The evaluation will also identify areas that could be improved upon in order to strengthen the CAHW program and make it more relevant in meeting current needs. The team then visited the same three countries as covered in the OFDA review, viz. Each country assessment comprised three main activities: CAHWs as animal health service providers During field visits communities were asked to assess the effectiveness of all their animal health service providers against criteria that included aspects of accessibility, availability, affordability, acceptability, and the quality of their work. The data collected were gender disaggregated, and the views of men and women informants were generally well aligned. CAHWs were seen as very accessible, available to meet needs, trusted, and affordable. No major issues with the quality of their services were identified. However, although CAHWs were available to provide advice, in many areas they rarely had stocks of veterinary drugs to hand, and commonly, they did not received adequate support and supervision. Government veterinary services were the least accessible and available service provider. In most pastoralist areas, they are rarely seen beyond vaccination campaigns. However, government vets scored well on trust and the quality of their vaccines. In Ethiopia, the government does still provide subsidized veterinary medicines through clinics, and this is complicating the privatization of services. Private veterinary pharmacies were generally seen as having the most available supply of vet drugs but at the highest cost. Trust in the quality of pharmacy drugs was quite variable and generally reflected whether the pharmacy was owned and managed by a veterinary professional. They were still present in Ethiopia, but people had little trust in them. Traditional healers and medicines were still in use in Kenya and Ethiopia and considered cheap and available but were only utilized for a very limited range of conditions. However, there appeared to be weakness in the area of gender assessments to understand the opportunities and needs of female CAHWs. Lack of awareness of food safety issues by livestock owners meant that little emphasis was provided by any animal health service providers on drug withdrawal periods. Disease impacts and livelihoods Across the evaluation sites, the livelihoods impacts

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Community-Based Animal Health Care in East Africa Setting up a community based animal health care system The main approach and procedure involved in setting up a CBHC System involved a process, which included the following; Conducting baseline surveys to get acquainted with the livestock health situation in the working area and create a better understanding between the communities and the implementing agency Holding a community dialogue workshop to discuss CBAHC concept where the roles of the participants are defined; selection of trainees is done by the community on the basis of set criteria such as interest in animal health welfare, honesty and literacy. Training the selected trainees Providing material support - after the completion of the training, CBAHWs are equipped with veterinary drug kits to take back to their respective communities where they start operating under supervision of veterinary technical staff Undertaking monitoring and evaluation during the initial stages intensive monitoring should be carried out to assess whether the CBAHWs are following what they were taught and whether the objectives are being met. Conduct refresher courses at regular intervals based on the CBAHWs performance assessed during the monitoring. Retraining is devised based on the findings. It involves semi-trained personnel who are not eligible for licensing by the national veterinary boards in some countries. In addition, the Veterinary Surgeons Act in Kenya regulates several aspects of the veterinary profession, including who should practice and the code of ethics. The acts specify the minimum qualifications required for registration by the boards. Another act that affects the operations of veterinarians is the Pharmacy and Poisons Act. This act prohibits all veterinary surgeons from stocking large quantities of Part one poison drugs unless a registered pharmacist is in direct control of the premises where the drugs are stocked or sold. The requirement seriously curtails the profitability any veterinary practice in the area. The overall effect of both acts on paraprofessionals and auxiliaries is that they are not recognized by the regulatory bodies, and that they may not stock and sell the drugs, despite these being the only persons available in ASALs. It has been recommended in some countries such as Kenya that the Veterinary Surgeons Act be reviewed to accommodate semi professionals and other cadres of veterinary Practitioners Hubl et al. This move would lead to the improvement of the delivery of animal health services especially in ASAL. Veterinary Surgeons Act, Cap. No provision of services through private veterinary practices. Insignificant effect on service delivery. The Pharmacy and Poisons Act, Cap i Vets can not carry out business of veterinary drug stockists - Operation of private practices limited and therefore services delivery is equally affected. The points to be considered were; Who to influence Who are the direct and indirect beneficiaries How each stakeholder will be affected. The practices in other countries have not been adequately analysed and assessed. A recommendation was made that all stakeholders who have an interest in sustainable delivery of community-based animal health services should form a committee to review these issues and make appropriate recommendations. This would be followed by training a cadre of professionals, who in turn would train in different locations, using a common minimum curriculum and a varied component, which would emphasize the local breeds. Lack of support from the local leaders which affected performance of the CBAHWs Some CBAHWs exhaust their veterinary kits supplied by donors and fail to replenish them Areas covered by CBAHWs are so vast that they cannot meet the demand The legal aspects limit the amount at type of drugs these people are allowed to use Trained nomadic people may migrate to other places, thus reducing the overall objectives of the concept The drop out rate for the educated people is higher than for the un educated Record keeping has remained a set back in the day-to-day running of the CBAHC concept. This page, Community-based animal health care, includes work from a Technical Brief created by Practical Action.