



Overview: Community-based animal health workers, policies, and institutions

by **ANDY CATLEY** and **TIM LEYLAND**

Introduction

In April 1994 a special issue of *RRA Notes*¹, was dedicated to livestock. The issue focused on participatory methods and planning, and drew heavily on experiences from community-based livestock projects. The case studies in the 1994 issue reflected the range of interviewing, visualisation, and scoring methods, which livestock workers were beginning to use and adapt at that time. Some papers discussed how communities were involved in analysing livestock problems and identifying solutions. One solution was the local selection of people for training as community-based animal health workers (CAHWs). These workers were usually given a short training and depending on the communities and livestock rearing systems in question, different animal health and production topics were covered in the curriculum.

In the following years, participatory methods were used and adapted by an increasing number and range of organi-

sations involved in livestock research and development. For example, research conducted by IIED and others showed how participatory methods could be adapted into useful disease investigation and epidemiological tools.² When used by experienced practitioners, the methods were also reliable and valid compared with conventional methods. In Africa, interest in participatory methods has led to the emergence of participatory epidemiology as a distinct but complementary branch of veterinary epidemiology, which is now attracting interest from national epidemiology units within government veterinary services in Africa. Thus, participatory approaches and methods are becoming more mainstream and used by senior government epidemiologists and researchers, often in combination with conventional approaches.

About this issue

In the mid to late 1990s more evidence began to emerge about the positive impact of CAHWs, their capacity to prevent or treat livestock disease, and the effect on people's livelihoods. Good impact was noted in communities, varying from pastoralist communities in lowland Kenya, to settled farmers in highland Nepal. However, despite encouraging studies and reports from many countries, there were also major concerns about the long-term viability of CAHWs. Not least, in most countries where CAHWs existed, they were

¹ RRA Notes 20: Special issue on livestock. C. Watson and A Collis (Eds). 1994. IIED: London

² PAVE – The Participatory Approaches to Veterinary Epidemiology project (1998–2000) examined options for using participatory appraisal in veterinary epidemiology and focused on animal health services and information systems in pastoral areas of Africa. PAVE was led by Andy Catley and funded by the Animal Health Programme of the UK Department for International Development. The project produced several journal articles, as well as a practitioner's guide entitled, *Methods on the Move: A Review of Veterinary Uses of Participatory Approaches and Methods Focussing on Experiences in Dryland Africa*, which is available from IIED.

officially illegal. In some countries, the veterinary authorities simply turned a blind eye to CAHWs, whereas in others powerful professional bodies launched anti-CAHW campaigns. In nearly all cases, veterinarians were unwilling to work in the remote, underdeveloped areas where poorer livestock keepers lived. Hence, without these frontline community-based animal health workers, there would be few, if any veterinary services at all in large parts of many developing countries.

This issue of *PLA Notes* focuses on the policy and institutional aspects of scaling up and official recognition of CAHWs. The first paper by the IDL Group and Constance McCorkle presents some common arguments made by veterinarians against CAHWs in the context of policy reform, privatisation, and global trade in livestock products. The clear message from this paper is that important technical concerns about the recognitions and wider use of CAHWs are well known and can largely be addressed, but professional norms and conservatism have hindered progress. Other papers show how at national level, policy makers can be influenced in different ways.

Looking at community-based approaches from a disease control angle, Jeffrey Mariner and colleagues show how the profile of CAHWs and understanding of community participation was improved when CAHWs were used to help control rinderpest. This disease was a huge concern for livestock keepers, national veterinary services, and the international community. When CAHWs proved to be crucial for vaccinating cattle against rinderpest in Africa, policy makers and senior vets in international agencies started to take notice. Working in southern Sudan, Bryony Jones and colleagues at VSF Belgium describe how a large-scale community-based programme continued to assist rinderpest eradication by developing and disseminating messages about the cessation of vaccination and the need for disease surveillance. As Cathy Watson and Adrian Cullis advised in their editorial in the 1994 issue of *RRA Notes*, we need to 'learn about local communication methods and channels'. The southern Sudan paper is a good example of this, as local knowledge and communication methods formed the core of this innovative initiative. Both papers on rinderpest control in this issue discuss professional attitudes and how the process of 'seeing is believing' changed the way vets perceived the knowledge and capacity of livestock keepers.

Cokro Leksmono and John Young view the adoption of CAHWs from the perspective of institutional change and privatisation in Indonesia. They describe how central and local government learnt about and tested community-based approaches, and provide evidence of impact that helped to

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establish CAHWs as an accepted service provider. Impact assessment of CAHWs is certainly a useful way to influence policy makers, and two other papers in this issue describe participatory impact assessment. Working with Maasai communities in northern Tanzania, Stephen Nalitoela and Rob Allport present a methodology for measuring change, attributing change to CAHWs (and others), and using community-derived indicators to assess benefits in terms of human livelihoods. Charles Hopkins and Alistair Short link participatory impact assessment to policy debate by involving agencies that influence or make policy in Ethiopia. Their work with local stakeholders included the establishment of a national impact assessment team to look at CAHW issues and tried to overcome the problem of policy makers rejecting studies of which they were not aware or involved in.

Experiences with developing a national skills test are described by Karen Stoufer and colleagues in Nepal, which is also related to recognition of CAHWs. This article shows how perceptions of training needs, duration of training, and previous education of trainees can vary between field-level NGO workers and decision-makers in government. Despite evidence that short training courses were successful and better suited to realities on the ground, official recognition of the more appropriate training approach was slow to emerge. This is a common experience in other countries, where the quality of CAHW training tends to be judged by officialdom according to the duration of training rather than the quality of training or the impact of CAHWs in their communities. Veterinarians with limited hands-on experience of community-based approaches also tend to insist on higher levels of education and literacy among CAHWs than is really needed for them to work effectively.

Finally, Susan Stewart describes the key elements of a programme to support community-based animal health training and service delivery, which has been replicated in several parts of Bolivia. The programme distinguished between training Farmer Trainers and CAHWs. Farmer Trainers are local people who own land in the community, have a history of service and a strong desire to serve, have a high emotional intelligence (people skills), have some experience

with livestock production, are recommended by trusted informants as gregarious people who connect people to one another, are part-time, paid staff of the project or local organisation, and work in teams throughout the region. CAHWs in this programme are people who provide preventive and some curative care with livestock as well as facilitate training in their own villages. They are trained as change agents in their village organisations, and trained as trainers with listening and facilitation skills. Together, Farmer Trainers and technicians train the CAHWs. CAHWs are viewed as an integral part of the village development process and are chosen by the villagers themselves. These programmes continue to show excellent results even after the project funding has been discontinued because of the motivation and creativity of the local people involved.

Future challenges facing community-based animal healthcare

For many of the challenges facing CAHW programmes described in this issue, there is evidence of progress. More countries are looking critically at CAHWs and deciding if and how these workers can be supported by appropriate policies and legislation. In some countries, processes are underway to harmonise CAHW training approaches and curricula at national level. For example, in Kenya a national CAHW curriculum has been developed and includes core skills and knowledge required by all CAHWs, but also allows scope for training in animal health problems according to local priorities.

As governments become more aware of CAHWs, there

are also moves to strengthen the role of CAHWs in disease reporting and contributing to national disease surveillance systems. This becomes particularly important as countries try to demonstrate national disease status to trading partners according to WTO guidelines. Countries such as Ethiopia and Tanzania are exploring ways to use information provided by CAHWs in remote areas to complement existing disease information systems. However, the challenge is how to feed back information to communities and create a two-way relationship, rather than using CAHWs for 'data mining'.

In an era of privatisation of veterinary services, one way to improve the financial sustainability of CAHWs is to link them to private suppliers of veterinary medicines, such as veterinarians. As these linkages develop, it will be interesting to see how community perceptions of an ideal CAHW compare with the qualities preferred by private pharmacy owners or similar. One viewpoint is that communities and a private vet both want a local 'agent' who is knowledgeable about livestock, hard working, and trusted. If, for example, the selection process for CAHWs involves both communities and a private vet, perhaps a joint decision can be reached regarding what makes a good CAHW. While profit may be the main motivation for the private sector, social norms and peer pressure exerted through traditional means will also have a strong influence on how CAHWs behave and the service they provide. With time, we'll learn more about the compatibility of participation and privatisation, and options for combined approaches to primary animal health service delivery.

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Glossary and acronyms

Animal Health Assistant (AHA)

A veterinary worker, sometimes called a 'veterinary assistant' and usually with two years training at an official training institute.

Animal Health Technician (AHT)

A veterinary worker, usually with around six months training, at an official training institute.

Community-based Animal Health Worker (CAHW)

A worker selected by the community and given basic training in animal health and related issues, according to local priorities. Also called Village Animal Health Worker, Community Livestock Worker and similar names.

Community-based Animal Health and Participatory Epidemiology Unit (CAPE)

A unit working with the PACE Programme of OAU-IBAR (see below) specialising in community-based animal health systems, with a focus on policy and legislative issues.

Cold chain

A network of refrigerators for delivering vaccines or medicines to rural areas. The vaccines have to be kept cold to avoid deterioration.

East Coast Fever (ECF)

An important disease of cattle in East Africa, ECF is transmitted by ticks.

Epidemiology

The branch of medicine that deals with the study of the causes, distribution, and control of disease in populations.

Epizootic

The animal equivalent of an epidemic; a sudden and widespread disease outbreak.

Global Rinderpest Eradication Programme (GREP)

Coordinated by the Food and Agriculture Organization of the United Nations, this programme aims to eradicate rinderpest worldwide.

Heat stable vaccine

A vaccine that maintains its effectiveness in the absence of cold storage. Such vaccines can be used at high ambient temperatures in places where there are no refrigeration facilities.

Office Internationale des Epizooties (OIE)

The World Organisation for Animal Health, the OIE advises the veterinary services of its member states about the eradication of important animal diseases and establishes the health standards for international trade in animals and animal products.

Organisation of the African Union's Interafrican Bureau for Animal Resources (OAU-IBAR)

A technical agency of the African Union with the mandate to promote livestock development in Africa.

Ormilo

A disease of cattle also called bovine cerebral theileriosis, transmitted by ticks and caused by the parasite called *Theileria taurotragi*. Affected cattle show signs of nervous system disease, including walking in circles.

Pan African Programme for the Control of Epizootics (PACE)

A programme of OAU-IBAR aiming to complete the eradication of rinderpest from Africa, improve control of other epizootic diseases, and strengthen national epidemiological capacity.

Participatory epidemiology

In the context of animal health: using participatory methodologies and approaches to understand diseases in animal populations as a means to improve disease control.

Prophylaxis

A preventive disease control measure.

Rinderpest

A highly contagious and severe viral disease of cattle and wildlife.