



# Policy Requirements to Accommodate Community-based Animal Health Workers in Kenya

## 1. Introduction

After the world economic recession of the late 1970s, many developing countries instituted economic policy reforms of various forms and character at the instigation of the World Bank and other international donors. Some of these reforms that targeted the livestock sector sought to shift the delivery of veterinary services from public domain to the private sector. However, the nature of markets in sub-Saharan Africa - which are thinly spread, with dispersed service providers, weak institutions for contract enforcement and under-developed infrastructure - meant that the privatisation programme could not perform as well as anticipated, particularly regarding animal health service delivery in marginal areas. This led to the evolution of the community-based animal health worker (CBAHW) model as a stopgap measure following the withdrawal of government services. The model involves training representatives that are selected by the community in basic animal health care and livestock production techniques with the primary objective of supplementing and supporting the existing, but overstretched public system for delivering such services to communities in marginal areas of many developing countries. Various studies on this concept have concluded that community-based approaches offer viable alternatives to the resource-constrained and poorly functioning public veterinary services in developing countries.

The CBAHW model, which is a low-cost strategy, concentrates mainly on important livestock health and management issues. Experiences show that CBAHW programmes encourage the participation of the local

communities in the design and delivery of animal health care services. Also, the programmes empower communities to determine the type of animal health services they receive.

The CBAHW model initiative in Kenya, however, operated and still operates illegally as the existing legal and policy frameworks on veterinary service delivery prohibit veterinary practice by 'unqualified' individuals. The problem has been compounded further by lack of information on the effectiveness of the programmes in the delivery of animal health services.

This study was therefore formulated to help understand the nature, characteristics and activities of CBAHW programmes in marginal areas. The aim was to generate information that would evaluate their role in animal health service delivery. CBAHWs operating in the Mtito Andei division of Makueni district were used as a case study.

## 2. Findings

### 2.1 Characteristics of CBAHWS

All the CBAHWs could read and write, with the majority having primary level education (74.3%) and the rest having either attained secondary level education or attended adult literacy school.

Most CBAHWs were elderly (about 50 years old) with extensive experience in livestock keeping ranging from 4-40 years. With regard to gender, CBAHWs in the study area were mostly male. This indicates a male bias that

characterises many agricultural programmes in developing countries despite the fact that many programmes actively discuss the important role played by women in agriculture, particularly in raising livestock and, thus their potential as CBAHW candidates.

Over 90% of the CBAHWs had attended a number of refresher courses ranging between one and nine at a time. About 46% of the CBAHWs had undertaken training in business skills.

## 2.2 Performance of CBAHWs

CBAHWs provide a vital service to livestock keepers in the marginal areas of Kenya. The service offered is localised within the community and consists mainly of clinical services. Most of the cases handled were in cattle and involved common diseases such as East Coast Fever and trypanosomosis.

The performance of CBAHWs was influenced by the number of refresher courses attended and keeping of activity records. This indicates that continual professional development through refresher courses is an important factor towards the success of the CBAHW model. Attendance of refresher courses is important for increasing the level of knowledge in animal health considering that in order to remain in business, CBAHWs need to remain more knowledgeable on animal health matters as compared to ordinary farmers. Otherwise, given the limited initial training offered to these workers, it could only be a matter of time before livestock keepers in the surrounding agro-pastoral areas acquire comparable animal health knowledge and consequently dispense with their services.

Keeping of records, on the other hand, enables CBAHWs to track drug sales and services offered over time. CBAHWs who kept records of their activities could handle 102 cases per year more than those who did not, *ceteris paribus*. As is the case in most rural communities, the sale of goods

and services is mainly through barter exchange or by credit. Keeping of records would therefore help CBAHWs to track their debtors. In addition, it would also enable them to gauge, and therefore, restock fast moving drugs. Refresher training that emphasises the keeping of records is likely to enhance performance of CBAHWs.

Their access to performance-enhancing factors such as consultation services and drug supply, was generally poor. This would bear negatively on their contribution to development efforts. Nonetheless, there is some level of professional exchange between CBAHWs and the formal animal health delivery channel. The study indicates that CBAHWs are likely to be more active in areas far away from trained veterinarians and veterinary drug shops, and also in areas that are less accessible. These two channels of service delivery complement rather than compete with each other.

## 2.3 Sustainability of the CBAHW model

Factors that significantly influenced the likelihood of a CBAHW remaining active were attendance to refresher training and keeping of activity records. All else being equal, a CBAHW who kept records was far more likely to remain active than one who did not. In addition, continual attendance of refresher courses increased the likelihood of remaining in active practice.

It can further be argued that for CBAHWs to continually provide services, they should be able to competitively price their products so as to run their services profitably. Even though CBAHWs' services include advice and assistance in administration of drugs, livestock keepers are only willing to pay for the drugs, which are priced at levels comparable with those offered by veterinary drug stores. However, CBAHWs had a competitive advantage over drug stores in that they could competitively price their products by selling individual doses to livestock keepers since most drug packages available from the stores were meant to treat several animals.

## 2.4 Opportunities for strengthening the CBAHW model

The priorities given by CBAHWs were in accordance with formal veterinary practice, which emphasises preventative over curative livestock health. However, these priorities seemed to downgrade those aspects of veterinary medicine that provide collective rather than private benefits. For example, control of ticks, prevention of trypanosomosis and improvement of pastures are likely to lead to private benefits than control of tsetse flies and immunisation against epizootic diseases. These services offer private benefits to livestock keepers undertaking them. Tsetse control and immunisation against epizootic diseases have a strong “public good” component, and likewise received relatively lower ranking. Services that do not pose a great (death) risk to livestock also received a lower ranking.

CBAHWs appeared to evaluate veterinary services solely in terms of perceived benefit to farmers, with little regard to whether or not they were able to pay for them. They had a good understanding of the perceived benefits associated with these services. With the assumption that this is representative of farmers’ opinion, it could be concluded that the perceived benefits of these services are clear.

Currently, CBAHWs offer mainly clinical services. They are, however, willing to provide other services such as participating in vaccination campaigns and administering vaccines, undertaking basic surgical procedures, providing artificial insemination etc., with assistance from veterinary professionals.

## 3. Recommendations

### 3.1 Legal reforms

CBAHWs play a crucial role in the provision of animal health services in Kenya’s marginal areas given the state of infrastructure and other development indicators in these areas. However, the existing legal, institutional and policy provisions have not recognised this and therefore continue to limit their effective participation in the provision of animal health services. For instance, the current licensing requirements for private veterinary practice exclude non-professionals from engaging in private practice irrespective of the socio-economic and physical characteristics of the locality that the practice is done. Since the demand for animal health services continues to exist, CBAHWs wishing to offer services to their communities should be encouraged and supported, and those currently offering these services should be recognised and registered, to avoid unethical practices such as drug misuse and mal-administration.

In addition to legalising the activities of CBAHWs, a clear regulatory framework that encourages professional and fair play should be enacted. The existing public veterinary structure has a clear and definitive role for veterinarians and para-professionals. Borrowing from this, a new framework to regulate the activities of CBAHWs could be designed. If this happens, then legislation should be considered to allow for official and regulated role of CBAHWs. By legitimising the activities of CBAHWs, the state would be better able to monitor their performance and control malpractices. In any case, we can not deny their existence.

### 3.2 Policy reforms

***Integration with formal veterinary service delivery system*** – Besides encouraging CBAHWs to offer services to livestock keepers, there is need to integrate the CBAHW model into the formal veterinary service delivery system. This could be achieved through the

formation of CBAHW associations. The associations would monitor, regulate and encourage training of CBAHWs. In addition to providing a “voice” for the CBAHWs, the associations would link CBAHWs and professional veterinarians as registered by the Kenya Veterinary Board (KVB). If this happens, KVB’s mandate as a regulatory body would need to be broadened to include a wider range of functions.

**Establishment of a National Veterinary Drug Policy** - There is need to review the existing animal health services policy, which was formulated during the pre-independence era, to accommodate new changes (occasioned by liberalisation) and provide guidance on tackling emerging challenges in veterinary practice. If a review were to be undertaken, formulation of a National Veterinary Drug Policy (NVDP) would be fundamental. This would have a positive impact not only on animal health service delivery, but also on public health and the environment. The NVDP would guide the establishment of an Essential Veterinary Drugs List (EVDL) containing drugs that have been found to be efficacious and safe for prevention and control of important animal diseases.

**Capacity building** – This study shows that the likelihood of a CBAHW to remain in active practice increases with the number of refresher courses attended. In this regard, CBAHWs should be encouraged and supported to attend refresher training in order to improve their competence. Such training should be planned in the context of the local livestock production system. The training could be expanded to not only include the identification, diagnosis and treatment of common diseases, but also the handling and use of veterinary drugs and the expected role of CBAHWs in relation to the formal veterinary system. The training could be further expanded to include broader animal husbandry, production techniques and extension skills. The training and supervision activities should offer an opportunity for active involvement of local private and public sector veterinarians and para-professionals.

## 4. Conclusions

CBAHWs play an important role in animal health service delivery in the marginal areas of Kenya despite the constraining legal and policy frameworks. Marginal areas, which are characterised by aridity and poor infrastructure, have not attracted private veterinary practice since liberalisation in the early 1990s. Thus, CBAHW programmes should be strengthened, not only as a way of improving animal health service delivery, but also for reducing poverty in marginal areas. There is need to review the existing legal and policy frameworks; provide a regulatory mechanism; and encourage and support continuous training of CBAHWs. Also, professional veterinarians need to accommodate the model and give guidance towards its improvement.

For detailed discussion of the issues contained in this Brief, refer to IPAR Discussion Paper No. 034/2003: **Policy Requirements to Accommodate Community-based Animal Health Workers in Kenya** by L. Mugunieri, J. Omiti and P. Irungu. ISBN 9966-948-62-7

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