Policy Brief

January 2021

Bridging the Gap in Rural Veterinary Services

The Case for scaling up the Community Animal Health Workers (CAHW) Model

Recommendations for scaling the CAHW model to improve rural access to veterinary services.

- State governments should adopt the CAHW curriculum and training programme and make concerted efforts to implement in their states.
- Continuously review and update the national CAHW training Programme to standardise the quality.
- The Veterinary Council of Nigeria should create a community of practice to aid experience sharing and transfer of knowledge.
- Veterinary Pharmaceutical importers and others sector players should demand for the services of CAHWs, co-invest in training and incentivising CAHWs.

Livestock diseases and associated costs are considered the principal economic threat to the livelihood of poor rural livestock farmers. In Nigeria, Newcastle disease (NCD) and Peste des Petits Ruminants (PPR) are the two major threats to livestock security; both diseases have the capacity to wipe out between 90 to 100 percent of livestock flocks, resulting in great financial losses. The first outbreak of NCD in 2008 led to financial losses of $76 million[1] and the annual burden due to PPR is estimated to be $2.1 billion[2].

Livestock disease outbreak is more devastating among smallholder farmers who contribute 80 percent of Nigeria's livestock production and supply[3] and rely on their livestock for nutrition and as critical assets for coping with shocks and to exchange for income. This is due to the lack of access to veterinary products and services, largely driven by the limited number of veterinary surgeons and the high transactional costs commercial veterinary suppliers incur to reach these farmers. Also, with increasing climate variability, livestock migration becomes common place. This makes livestock disease control more challenging, increasing the vulnerability

Ruqaiyya Aliyu, a trained CAHW, vaccinating a chicken in Zaria, Kaduna State, Northern Nigeria. Photo credit: Alfred Coker

of over 13 million smallholder farmers[4] who lack access to veterinary services[5].

Past approach to get life-saving animal vaccines into rural communities through a community vaccinators' model was highly successful but limited to delivering the intra-ocular Newcastle vaccines, leaving other animal health needs unmet. Expanding the scope of the model was also impossible as the

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policy prescribed that only veterinary surgeons and recognised animal health scientists in Nigeria could offer services to poultry and livestock farmers.

In the past, international non-governmental organisations have responded to the gap in rural veterinary access by setting up training programmes for individuals in the community and paying them stipends to deliver animal health services. This approach comes with some challenges, including limited scale, high cost of training and the fact that such parallel structures do not outlive the projects that set them up. Importantly, because it lacks the regulatory backing, its legitimacy is questioned and often does not get buy-in of relevant veterinary stakeholders. This makes it unsustainable and completely missing out on useful lessons that could have been picked up for designing a national programme.

The policy prescription that only veterinary surgeons and recognised animal health scientists could offer services to poultry and livestock farmers created a gap in delivery to smallholder farmers for several reasons. Firstly, available veterinarians and animal health scientists were biased for urban and commercial farms. Secondly, poultry smallholder farmers were perceived to be non-paying customers, and as such servicing their needs was a logistical nightmare with no commensurate returns, and in most part, they were targets for charity and government interventions. This perception led to limited investment in rural distribution channels, exacerbated by the declining government investment in livestock extension. Consequently, bridging the gap in access required a change in regulation to enable the Community Animal Health Workers (CAHWs) programme, an approach that has been successfully rolled out in other African countries, to bridge the gap in rural veterinary access

A highlight of the persisting regulatory roles and influences, alongside Propcom Mai-karfi's implementation experience with piloting the CAHW programme is presented below with a view to stimulating action among relevant stakeholders to scale its implementation.

The veterinary regulatory landscape and reform process to expand animal health access.

The regulatory environment plays the decisive role in ensuring supply of veterinary products and services, accrediting, and certifying the training of veterinary professionals, the licensing of distribution and service delivery outlets and licensing of practitioners. Although the animal health policy is influenced by global policies, the national framework defined by autonomous statutory body, the Veterinary Council of Nigeria (VCN), determines the scope of veterinary practice in Nigeria, and their policies are cascaded down the chain to state and local governments. The States' department of veterinary services and membership association of veterinarians are the executors and custodians of these regulations and have shaped the practice and the landscape overtime.

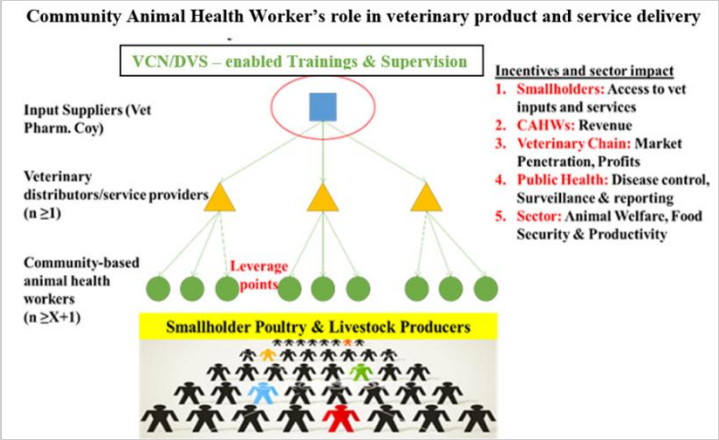
To engineer changes to the regulation, VCN needed field data, validated by stakeholder consultations, as evidence to show the impact of veterinary regulation on rural access to veterinary services. This was jointly produced by Propcom Mai-karfi (PM) and the Council. With PM's support, VCN conceptualised the CAHW model, reviewed a previously developed training curriculum (2006) that was yet to be commissioned, making the case and obtaining approval from the Minister of Agriculture and rural development. A description of the CAHW model and PM's experience offers some insight on the modalities and what stakeholders stand to gain from scaling up the model.

The CAHW model and PM's experience piloting the programme.

The CAHW programme is demand-driven, adopted and initiated by State departments of veterinary services where they see a need to plug gaps in service provision. Where there is a need, Directors of veterinary services indicate their interest and preparedness to adopt the model to VCN. Preparedness on the part of the State involves having the resources to run trainings and routinely supervise and support certified CAHWs.

The CAHW training programme is designed to be low-cost and enterprise-based, non-residential, flexible training schedule jointly agreed by participants and trainers, and self-funded (trainee fees cover the cost of running the training). Trained CAHWs work under the supervision of veterinarians and source veterinary inputs (including advice) that enable them function as last mile delivery agents, bridging the gap in access to veterinary products, services, referrals, and disease

reporting. To aid disease reporting, CAHWs are trained to use an open data kit to record their activities. This allows for capturing both the animal health service information and business activities of CAHWs using their smart phones and is accessed by the State department of veterinary services in real time.



The programme's start-up cost is low, serving as an incentive for adoption by State governments. Furthermore, the expectation is that the training fee of £50 per person will be borne by whomever has the incentive to do so; wholly or partly by the trainees, veterinary clinics, distributors and pharmaceutical companies that wish to offer ambulatory services or increase their market penetration.

So far, 4 states – Jigawa, Kaduna, Borno and Benue - have adopted the programme and 69 individuals have undergone training and assessment and are certified CAHWs covering Kaduna and Jigawa States.

The Jigawa State government was the first to adopt the CAHW programme in 2018. With only 17 vets employed by the State and no private practicing veterinarian at the time, there was an obvious need to establish the CAHW programme there. Propcom provided implementation support to the process, guiding the State through the selection of a training site, staff reallocation to effectively run the programme, selection and training of trainers and coordinating with VCN to certify both the trainers and trainees. Loans for start-up work tools, including motorbikes, were provided for certified trainees through the State's empowerment unit. The first round of training resulted in 54 VCN certified CAHWs, and after 18-months of work, some notable results and success factors were identified:

1. Improved coverage with minimal investments: On average, the 54 CAHWs offer services to over 5,000 livestock farmers, and in 2020 alone, over 295,000 doses of livestock vaccines were delivered by CAHWs on a fee-for-service basis. Being independent entrepreneurs, they are effectively extending the State's vaccine coverage at no costs to the State.
2. Demand-driven approach puts the State in the driver's seat, with a higher likelihood for continuity, and as such, local or international NGOs can easily leverage the State Programme to deliver their animal health agenda. The State continues to lead change and opens its door to interested parties, public and private to collaborate and drive its agenda for improving animal health.
3. Credible traceable supply chain for veterinary products: The presence of the CAHWs in the State is increasingly becoming attractive to private veterinarians as atleast three new distributing outlets have sprung up in the State and veterinary pharmaceutical companies are increasingly engaging directly in the State as compared their previous lack of presence in the State.
4. Enhanced disease surveillance and decision-making using GIS and the ODK: The established system allows the State track activities of the CAHWs in real time and better understand disease pattern across the States, which has informed key procurement decisions.
5. Better referral and improved reporting capacity at the State level: Atleast 200 cases that were outside the scope of the CAHWs were referred to a higher authority for proper management. Also, accessing the backend data from the CAHW reporting allows the State to provide robust information to VCN on a quarterly basis, which contributes to the improved quality of information coming out of Nigeria.

In addition to the above, the start-up cost and supervisory support are relatively low. Jigawa experience shows that State implementation of the CAHW programme is feasible with significant positive impact on livestock security and livelihoods. Thus, scaling its implementation across States will allow exploitation of the full potential of the CAHW programme.

Barriers to development and expansion of the CAHW programme

It is not enough to have a national programme in place, realising the benefits of the CAHW Programme requires acceptance by the State and other relevant stakeholders. If unaccepted, the gap in rural veterinary access will persist for reasons earlier mentioned: urban focus of the few available vets, limited development of rural distribution channels due to the perceived inability of rural customers to pay and compounded by declining public investment in livestock extension. This has far reaching effect on public health as food safety and effective management of increasing zoonotic infectious diseases will become challenging.

Where veterinary pharmaceutical importers, distributors and clinics have the interest to invest, they are totally dependent on the actions of the State.

Recommended Actions

1. **State governments and their departments of veterinary services adopt the CAHW curriculum and training Programme,** assess animal health situation in their States and commence plans to unveil the CAHW programme. This will require identifying human and financial resource needs and developing a mobilisation plan.
2. **VCN should widely share the value proposition of the CAHWs** and develop a community of practice for sharing experiences on the model as a way of building the body of knowledge around what works and best practices. Resource allocation like funding new roles for effective management, including recertifying CAHWs is required.
3. **Strengthen the national CAHW training Programme to standardise the quality and ensure supervision of the CAHWs**. This would require realigning their approach to leveraging the VCN-led programme and investing in supporting states to establish and run the programme.
4. **Veterinary Pharmaceutical Importers, distributors, and clinics to demand for the services of CAHWs** from the State DVS where you see an opportunity for market action. Co-invest in trainings and offer sales incentives to CAHWs.

Propcom Mai-karfi's role in the scale up of CAHWs.

Consolidating on the programme experience, PM will facilitate capacity support to interested states and stakeholders, directly supporting the training of state-based trainers and handholding the states in defining their implementation framework. Other roles for Propcom includes assisting states to make the case for development partners and private companies to invest in the programmes and establish the surveillance and reporting system.

Ibrahim Aliyu, a disabled CAHW, sensitises a poultry farmer in Zaria, Kaduna state, Northern Nigeria. Photo credit: Alfred Coker

Ultimately, the goal for Propcom is to foster an enabling policy environment where state regulatory agencies legitimise and adopt the CAHW programme as a last mile channel and sensitise other levels of government and stakeholders to support and get involved without jeopardising the business model.

References

1. Ismaila Shittu, Tony M. Joannis, Georgina N. Odaibo, and Olufemi D. Olaleye "Newcastle disease in Nigeria: epizootiology and current knowledge of circulating genotypes" Virusdisease. 2016 Dec; 27(4): 329–339.
2. ILRI "Financial costs of disease burden, morbidity and mortality from priority livestock diseases in Nigeria" Integrated Animal and Human Health Management Project Final Report 2013.
3. FAO 2011 Report.
4. FAO, 2018 Report.
5. According to an ILRI/FMARD Report, Nigeria total livestock losses due to climate-related changes are estimated between 15-20% per year.