



Report on the CELEP webinar

“ADDRESSING ANIMAL HEALTH CHALLENGES IN PASTORAL AREAS”

29 October 2020

On 29 October 2020, Concern Worldwide and Vétérinaires Sans Frontières Belgium (VSFB), representing CELEP, teamed up to organise a webinar on “Addressing Animal Health Challenges In Pastoral Areas”. The aim was to exchange and learn about good practices related to delivering private- and public-sector animal health services in remote pastoral settings and how to implement a One Health approach in such areas.

If you would like to watch the webinar again, you can find it [here](#).

The webinar was facilitated by Koen Van Troos (Policy and Education Manager, VSFB; & Regional Focal Point, CELEP) and the speakers were:

- Dr Emmanuel Emaruk (VSFB, Uganda)
- Hassan Olow (Senior Livelihood Manager, Concern Worldwide, Kenya)

One Health approach in pastoral areas

Dr Emmanuel Emaruk presented VSFB projects aimed at [delivering animal health services to pastoralist communities using the One Health approach](#) in the Karamoja region, Uganda.

The One Health approach *“aims to promote human, animal and environmental health through multidisciplinary and multisectoral collaborations. It recognises the intrinsic linkages between animal diseases, public health and ecosystem transformation and addresses them in a holistic and systemic way in order to achieve long-lasting results”* ([VSF-International, 2020](#)).

In the Karamoja region, VSFB operates in three districts – Karenga, Kaabong and Moroto – implementing programmes of livestock development, microfinance, natural resource management (NRM), peace, and water, sanitation and hygiene (WASH). Demographic growth is leading to an increase in the intensity of the interactions between people, animals and the environment, thus favouring the spreading of zoonotic diseases and causing issues of food safety.

In addition to the difficulties of delivering veterinary services to mobile herders, we can find other risk factors in the region, such as a relatively high prevalence of zoonotic diseases, caused by limited access to water and unregulated cross-border trade in livestock, and of food-borne diseases, also caused by poor sanitation practices and/or poor latrine coverage and usage; environmental degradation, a consequence of open defecation because of poor sanitation. Misuse of antibiotics and non-observance of withdrawal periods adds to the above-mentioned risk factors.

The One Health community approach in the Karamoja region had four objectives:



1. Increased access to veterinary services: with the aim of decreasing the prevalence of zoonotic diseases and misuse of antibiotics, a Network of Community Animal Health Workers (CAHWs) was created in order to have healthier and more productive herds; other One Health interventions that were carried out included animal vaccinations (over 2000 dogs were vaccinated against rabies), surveillance of zoonotic diseases and screening of goats for brucellosis. These interventions led to a decrease in mortality rate of goats from 15% to 10% and to an increase in beneficiaries' satisfaction with CAHW services from 51% to 76%.
2. Increased community awareness of connections between human and animal health and the environment through community-dialogue meetings for the identification of critical risk factors on One Health, multidisciplinary collaboration with human health NGOs, training of Village Health Teams, CAHWs and Wildlife Rangers on diseases, and promotion of the Community-Led Total Sanitation (CLTS) approach at *manyatta* level and through learning visits.
3. Community engagement in surveillance of zoonotic diseases through training of community-based surveillance structures (Village Health Teams and CAHWs), participatory disease search, and data collection analysis and transmission.
4. Increased access to clean water and sanitation to fight environmental degradation, through WASH interventions to prevent water and soil pollution; in this instance, Village Savings and Loans Association (VLSA) turned out to be very effective in terms of engagement and to ensure the sustainability of CLTS: the percentage of people in the target communities using latrines increased from 32.5% to 78.7%, that of water points functionality from 58.5% to 78% and latrine coverage passed from 36.5% to 75.2%.

The entire community was involved in the process of identifying the One Health approach risks and challenges. Challenges were first assessed at the community level and then transmitted to the national level. Surprisingly, collaboration of the decentralised CAHW system with the government improved during the Covid-19 pandemic when task forces were installed at both district and national level. Generally speaking, the programme evaluation showed that the limited accessibility to finance and logistics hindered the speed at which diseases can be detected; there is still limited coordination between stakeholders, an element required for the realisation of good One Health interventions; VLSA methodology is highly essential in sustainability of sanitation and hygiene interventions at the community level.

Q&A session

NRM and environmental health: when rehabilitating or constructing new water points, land management is always taken into account, as the goal is to promote mobility and avoid people crowding around just one water point. Sanitation and hygiene practices are also implemented to tackle environmental health problems: open defecation pollutes the villages' water sources, sources that are then used by the livestock that provide food to the local community, thus increasing the risk of contracting diseases.



VLSA groups and WASH interventions: WASH interventions were discussed and implemented by VLSA groups. The VLSA approach was used to manage water points, as it goes beyond one cycle, thus allowing committees to continue their work and solving the issue of sustainability. The challenges of this approach are generally linked to the capacities of the committees themselves.

Village health teams were initially installed as part of NGO interventions, but nowadays they are included in the government structure; they also receive a kit from the government that includes basic drugs (they are the first line of treatment before people go to the hospital).

Hepatitis E, different from Hepatitis B, is transmitted through the oral-faecal route. Concerning Rift Valley Fever, there has been one confirmed outbreak in Uganda, but we managed to detect antibodies in livestock for it over the past five years.

In 2007, NGOs stopped training new CAHWs in the region. Only certified veterinarians were allowed to continue operating.

At the moment, we are not planning to develop any cross-border intervention, but the One Health Centre for Eastern Africa provides technical support and training.

The E-voucher model

Hassan Olow talked about the [E-voucher model implemented by Concern Worldwide](#) for the strengthening of the animal health system in Marsabit County, Kenya.

Following the devolution process in Kenya that started in 2010, Concern increased her close collaboration with county departments to implement multisectoral and relief programmes supporting most vulnerable communities and households. Pastoralism and agropastoralism are the main livelihood systems in the region, while livestock provides most of governmental revenues there. Nevertheless, pastoralists encounter many challenges in realising their livelihood, including lack of animal health services in remote areas, regular outbreaks of notifiable diseases, massive presence of counterfeit drugs that undermine veterinary treatment, recurrent drought that impacts on shrinking rangelands; loss of livestock, pastoral dropout and poverty.

Concern's programmes in Marsabit are focused on strengthening the animal health system by working very closely with the county Department of Agriculture, Livestock and Fisheries (DoALF) to carry out routine animal carcass examinations, Participatory Disease Surveillance with community members and vaccination campaigns, among other activities.

The E-voucher model, set up by Concern in 2017, had the primary objectives to enable poor and vulnerable pastoralists to access private veterinary services on the one hand and to promote a new private-public partnership that would bring animal health services to remote areas, on the other hand. The piloting of the E-voucher model was done in three phases:



Phase One (2017–2018): in the first phase, Concern provided electronic cash vouchers that targeted programme participants, who could use and redeem the vouchers from pre-selected agro-vet suppliers. This process was supported by a tripartite agreement between Concern, Equity Bank and selected agro-vets. The restriction on use of E-vouchers was limited to drugs and feeds, and pastoralists were able to purchase veterinary medicines and administer them by themselves. This spurred fear of misuse of antibiotics and other treatments.

Phase Two (2019–2020): in order to address the weaknesses of the first phase, the model was redesigned through funding by USAID in line with the Veterinary Paraprofessionals and Professionals Act and saw the involvement of the Livestock Emergency Guidelines and Standards (LEGS) to conduct operational research on the E-voucher model. Restrictions on the use of the E-voucher were then introduced, such as a “special wallet” that limited the administration of drugs by Animal Health Service Providers (AHSPs) to avoid problems of drug misuse. In addition, drug quality checks (assay tests) were performed. At this stage, even though Concern’s involvement was still significant, the programme involved a variety of parties (Concern, DoALF, Equity Bank, Sidai Africa, Mission for Essential Drugs and Supplies (MEDS), LEGS and AHSPs). In particular, Sidai Africa, a franchise veterinary drug and feed supplier, was involved as a private-sector actor to provide high-quality and certified drugs to address the issue of counterfeit drugs on the market. The programme reached 64,877 animals and managed to provide services of better quality in comparison with previous attempts.

The LEGS research presented a series of relevant findings that have helped to further improve the E-voucher model. Firstly, it is recognised that the E-voucher is an effective response tool during crisis and can meet the needs of poor pastoralists. However, the sustainability of the system put in place was found to be weak, as the model was not market-based, considering that the AHSPs were contracted by Concern rather than being truly private/independent actors.

Phase Three (2020–2022), the Sidai model: In the current phase, Sidai Africa (Kenya) Ltd is leading the process in terms of provision of animal health services, expanding its coverage beyond the Private Veterinary Pharmacies (PVPs) to include also the AHSPs, which are now employed by Sidai. The roles of Concern and DoALF are limited to monitoring compliance and providing subsidies (E-vouchers) to poor pastoralists who cannot access the private animal health service. At the moment, the cost of the services provided by Sidai is 20–80 shillings (0.2–0.7\$) per goat and 100–200 shillings (0.9–1.8\$) per head of cattle/camel. The programme is also trying to reinforce the capacities of stakeholders in business skills, proper drug keeping and storing, and standardising treatment protocols for AHSPs and disease controllers in the communities. The idea is to expand competitive private animal health services in remote areas where livestock are concentrated and to continue the work of quality control and sensitisation of pastoralists on drug handling. Concern is currently



expanding the programme to four counties (Marsabit, Turkana, Samburu and Baringo) and to other donors (World Bank) who are interested in the model.

Q&A session

- E-voucher model

The E-voucher works as an ATM card, adopting the same security elements and the same confidentiality system: we only receive information on the name of the user, his/her location, a few additional elements on his/her identity and the amount used. The programme targeted people who have a veterinary diploma. They receive a card which can be used only at selected ATMs and is part of a special wallet: in the event someone does not use the money for the original purpose, it is easy to retrieve it through the Equity Bank. Moreover, to avoid reselling of drugs, we developed a double system of checks, one at the community level and the other by private healthcare providers. At the moment, this system is working with a 2–3% (10% in some cases) margin of error in the quantity of drugs delivered. Concerning PVPs, nowadays they are all part of Sidai's franchising – Concern only provided animal health service providers at the beginning of the programme; these partners are now transitioning and becoming part of Sidai's franchising. Sidai's role is to grant the durability of the service and ensure that even the poorest pastoralist areas are reached; for example, Sidai has installed mobile animal health providers to better support pastoralists during their migration period. Private–public partnership is fundamental to the project: if we were to start the project again from scratch, we would involve more private actors from the beginning – It is estimated that each year 10–15% of animals are lost because of lack of animal health services. Hopefully, in the future, other private enterprises will enter the market and increase competition, thus preventing Sidai from acquiring a monopoly over animal health services in the area.

- LEGS assessment (available [here](#))

The LEGS analysis showed that, where CAHWs operated, services were faster and more visible with respect to where we had animal health providers, as it is very costly to get professionals (even though they were better at administering drugs).

- Linking the two interventions together

We have not considered it yet, but there is space for dialogue and discussion to understand if there are cross-learning possibilities, and how the E-voucher model can be used to implement the One Health approach. **Dr Emmanuel Emaruk**: There definitely is opportunity for collaboration, also because Turkana pastoralists spend much time during the dry season in the Karamoja region.