Sustainability of a Privatized Community-based Animal Health Worker System in Mwingi District, Kenya

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ABSTRACT

This paper describes a study on the sustainability of Community-based Animal Health Worker (CAHW) services in Mwingi District, Kenya. These services began in 1992 and were supported by the District Veterinary Authority (DVA) with assistance from the Integrated Food Security Programme – Eastern (IFSP-E). Over time and using a process of participatory reviews with multiple stakeholders, the system evolved into a network of CAHWs. The study focused on CAHWs’ service sustainability and their relationships with other animal health service providers. A mutually beneficial and supportive arrangement existed between the CAHWs and Animal Health Assistants (AHAs), based on a private drug supply system, referral and backstopping support. The CAHWs derived sufficient income from their veterinary work to maintain their interest in the system. Seventy per cent of CAHWs were continuing to offer adequate animal health services 3 years or more after their initial training and the withdrawal of donor support. Ninety-five per cent of sampled CAHWs (n = 40) viewed their business as successful and expanding. Considering the agro-ecological and socio-economic conditions of the district, the CAHW system can be viewed as an initial stage in the process of extending quality private sector veterinary services.

Keywords: community-based animal health workers, Kenya, sustainability, privatization

Abbreviations: AHA, Animal Health Assistant; AHSP, Animal Health Service Provider; CAHW, Community-based Animal Health Worker; DVA, District Veterinary Authority; DVO, District Veterinary Officer; DVS, Director of Veterinary Services; NGO, non-governmental organization

INTRODUCTION

Community-based approaches to animal health services in Kenya have been evolving since the late 1980s. Previous studies in Kenya have shown a positive impact of community-based animal health workers (CAHWs) in terms of decreased livestock morbidity and mortality and the acquisition of benefits for the livelihoods of the stakeholders (Holden, 1997; Odhiambo et al., 1998).
Many of these CAHW projects were initiated by non-governmental organizations (NGOs) using subsidized systems of drug supply but with limited involvement of the private sector. These projects have suffered from poor sustainability (Catley et al., 2002), leading to questions on project viability by Kenyan policy makers. Sustainability of CAHW projects is related to the financial incentives received by CAHWS, proper linkages to supply of quality medicines, and harmonious relationships between CAHWs and other Animal Health Service Providers (AHSPs) such as Animal Health Assistants (AHAs) and veterinarians.

Mwingi District covers an area of 10,031 km² and has a population of 355,000 and an average population density of 37 inhabitants per km² made up predominantly of the Kamba ethnic group (95%), the rest being divided between the Tharaka ethnic community and a small mixed-ethnic minority (Mwingi District Statistics Report, 2002). It is estimated that about 70% of the District population live below the poverty line (<18/day per person). Eighty per cent of the Mwingi District’s landmass is located in the Low Midlands 5 agro-ecological zone (LM5), with a 66% probability of food crop failure (Office of the Vice-President and Ministry of Planning and National Development, 1997). Therefore, the majority of the population rely on livestock products, which provide 70% of all household cash income, draught power and farm manure for crop production. In the year 2000, the district livestock population was estimated at 178,000 cattle (Zebu), 270,000 goats (East African, Galla breeds and their crosses), 42,000 sheep (local), 570,000 birds (indigenous chickens) and 55,000 donkeys (Mwingi District Veterinary Office, 2000).

This livestock population was served by only three veterinary surgeons stationed at the District headquarters and 15 paraprofessionals (nine AHAs based at divisions each of about 1000 km² and six Junior Animal Health Assistants (JAHAs) at location level), leaving most locations and sublocations without provision of animal health services. This inadequacy of personnel led to poor or non-existent provision of state veterinary services to the farmers in remote areas of the district. It was this service vacuum that led the IFSP-E in conjunction with stakeholders to perform a needs assessment in their effort to train and deploy CAHWs selected by their communities on the basis of socially acceptable criteria in the underserved areas. Between 1992 and 2001, 99 CAHWs were trained and deployed in Mwingi District of Eastern Province in Kenya by World Neighbours (an International NGO) and Integrated Food security Programme (IFSP-E), a Kenyan–German bilateral development programme. The CAHWs’ initial training was for a period of 2 weeks followed by at least a one-week local field experience-driven refresher training every 6 months thereafter. The training manual was based on one developed and used by the Intermediate Technology Development Group – East Africa (ITDG-EA) but adapted to suit the local conditions. The trainees were examined by qualified trainers (veterinary surgeons and AHAs). Once trained, the CAHWs were provided with a cost-shared essential veterinary drug kit and presented to their communities for provision of private animal health service delivery.

The two above-mentioned development agencies established a revolving fund scheme to be used by CAHWs for veterinary drug kit replenishment. However, this system was not successful for several reasons, including bureaucracy-related problems,