



Developments in policy; A case study of Community Animal Health Service Delivery in Nigeria

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Abstract

Introduction

In Nigeria, smallholder poultry production constitutes 43% and 89% of the national egg and meat production respectively. Despite the significance of smallholders in National food security, their productivity has remained low and threatened by high incidence of diseases resulting from poor access to veterinary services. Although the unavailability of suitable products, rural distribution network and information are commonly cited barriers to access, the absence of skilled professionals for product and service delivery posed a bigger challenge. The latter was due to the policy restrictions in engaging para-professionals to offer animal health services at community level. This paper aims to articulate the effect of community-based animal health service delivery policy on rural veterinary access and productivity of smallholder poultry. It also highlights other areas for policy intervention crucial to growing the smallholder poultry sector.

Materials/Methods

Using a systematic literature review, data drawn from a variety of sources including Propcom Mai-karfi (PM), the Veterinary Council of Nigeria (VCN) and other published and unpublished documents was synthesized and analyzed.

Result and discussions

The policy prescription that only veterinary surgeons and recognized animal health scientists could offer services to poultry and livestock farmers created a gap in delivery to smallholders for several reasons; First, the available veterinarians and animal health scientists were skewed towards urban and commercial farms. Secondly, poultry smallholders were perceived to be non-paying customers, and as such filling their needs is a logistics nightmare with no commensurate returns, and in most part, they are targets for charity and government interventions. This perception led to the limited investment in rural distribution channels. The gap in veterinary access is further exacerbated by declining public investment in livestock extension.

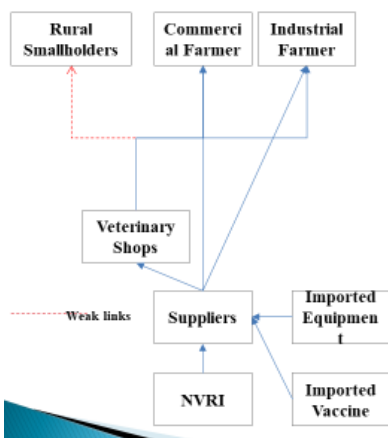
An attempt to address the distribution and service delivery challenge was initiated through the Community vaccinator (CV) model designed by Propcom Maikarfi, a DFID-funded project. By establishing the CV model, thermo-tolerant Newcastle vaccines can reach smallholders on a 'fee-for-service' basis to control Newcastle disease which reportedly contributes 60% of total poultry death. It was anticipated that the CV network will ultimately deliver other poultry health inputs and veterinary supplies to communities at an affordable price given the distribution efficiency

Fig 1.

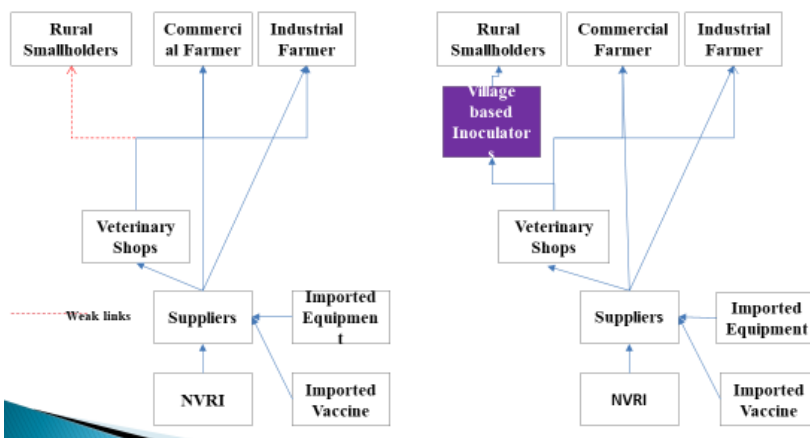


PM Model for expanding rural access to Vet services

Before PM Intervention



PM Intervention

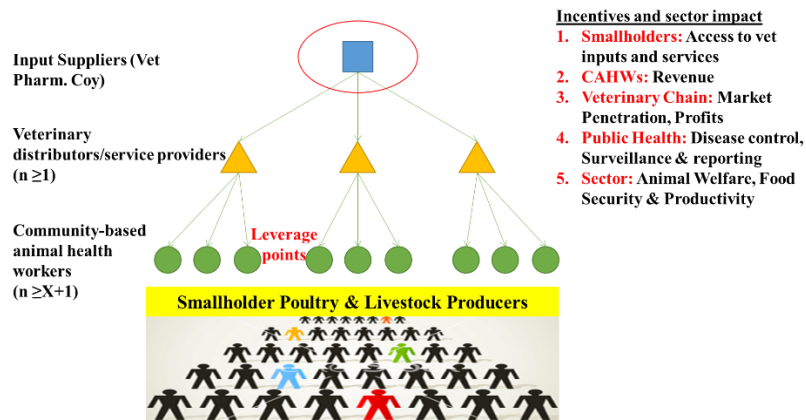


Although successful, the CV lacked the skill and policy support to expand their services to meet the smallholders' veterinary needs beyond vaccination. Bridging the gap in rural veterinary access thus required reviewing the policy and setting up a framework for Community Animal Health Workers (CAHW) service delivery.

With PM support, VCN was spurred into action to engage with stakeholders. This was approached systematically by first generating evidence from the success of the CV model to demonstrate the unmet needs at the grassroots. This was followed by conceptualizing the model, stakeholder review of curriculum earlier developed in 2006 (but was never implemented), making the case and obtaining approval from the Minister of Agriculture and rural development.

Fig 2

Community Animal Health Worker Schematics



The policy change process took about 2 years, and at the moment, 3 states have adopted and established the training programme. The successful adoption of the CAHW policy is attributed to some key factors; the dynamism and willingness of VCN to lead the change, stakeholder involvement ab initio and advocacy and case presentation led by PM with support from other development partners. It is also argued that the CAHW training model is key to its adoption. It is a low-cost, non-residential self-funded training – trainee fees cover the cost of running the training. The training fees can be borne by whoever has the profit incentive to



do so; wholly or partly by the trainees, Veterinary Clinics, Distributors, etc. This is a shift from the tradition of Development Partners setting up training programs that are too expensive for the States to sustain post-project support, and participants are not able to afford it even if the States decide to carry on.

Conclusion

The potential of the CAHW policy on community animal health service delivery is enormous, positively impacting disease control and improving the productivity of the smallholder sector. The growth and productivity of the smallholder poultry sector may require exploring other policy development opportunities, e.g. National policies for scaling up successful models, market reforms and policy for research and dissemination of new technologies in the area of genetics, nutrition and disease controls.

Acknowledgement

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