Evaluation of North Karamoja (Uganda) Pastoral Development Programme: Community Based Animal Health

Full Report

Oxfam GB Programme Evaluation

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Evaluators: Acacia Consultants Ltd
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ACRONYMS AND ABBREVIATIONS
AGM    Annual General Meeting
AHA    Animal Husbandry Assistant
CAHW   Community Animal Health Worker
CBAH   Community based Animal Health
CBPP   Contagious Bovine Pleuro-Pneumonia
DADO   Dodoth Agropastoral Development Organisation
DOCAHWA Dodoth Community Animal Health Workers Association
ECF    East Coast Fever
JICAHWA Jie Community Animal Health Workers Association
NGO    Non-Governmental Organisation
NKPDNP North Karamoja Pastoral Development Programme
NUSAFF Northern Uganda Social Action Fund
PMA    Plan for Modernisation of Agriculture
PPR    Peste Des Petits Ruminants
SWOT   Strengths, weaknesses, opportunities, threats analysis
TOR    Terms of Reference
UgSh   Uganda Shillings
EXECUTIVE SUMMARY

OXFAM GB has completed phase one of a three phase, nine year national programme, the Uganda Pastoral Programme which aims to increase representation and capabilities of pastoral communities through partnerships with government and community service organisations. The Northern Karamoja Pastoral Development Programme (NKDP) falls within this programme and is active in the agriculture, water and food security sectors in Kaabong and Kotido Districts. Phase two of the nine-year programme for the NKDP will be marked by the launching of pastoral rights national level advocacy. This assignment was commissioned by OXFAM GB to assess the animal health component of the food security project of KPDP, with a view to assessing the impact of the work on livestock owners, identifying lessons from phase 1 and developing key policy messages on community based animal health (CBAH) delivery services.

OXFAM GB has been supporting the development of CBAH delivery systems in Karamoja Region since the mid-1990. It has worked together with the Government District Veterinary Departments (DVD) and communities to select, train and equip community animal health workers (CAHWs) to treat the major livestock diseases in the kraals and villages and, more recently, has focused on supporting the establishment of private sustainable veterinary drug supplies and the formation of district level CAHW associations. OXFAM GB’s support to CBAH delivery systems in Karamoja is having a positive impact on the lives and livelihoods of the target pastoral communities. The livestock disease situation is improving and communities are reporting having more livestock in better health and condition for draught power, for sale and for producing milk, ghee and blood for home consumption. CAHWs are well regarded by both the livestock owning communities and also by the DVDs, who see them having an increasing role in disease control and prevention through provision of their daily services and also under DVD contract for vaccination campaigns, work traditionally undertaken by DVD staff. CAHWs will be further supported by the draft Veterinary and Para-Veterinary Practitioners Bill, 2006, due to go before parliament in 2007, which will legalise their status in Karamoja and sets out licensing and regulatory criteria.

The OXFAM animal health project has made good progress in helping the development of sustainable CBAH services in Kotido and Kaabong Districts, but certain aspects of the project need to be strengthened, by working closely with all the stakeholders and Include:

1. OXFAM needs to develop its own strategy for supporting animal health in the region, setting out clear objectives, activities and outputs which are time bound, to be agreed and shared with the DVDs. Currently no such document exists and this can lead to a lack of focus and difficulty in assessing achievements. This is a priority if the next two phases (6 years) of the NKDP are to maximise achievements. Staffing should be reviewed in the light of this strategy since the animal health project is currently under staffed. A strategy will also allow monitoring, evaluation and impact assessments to be done in a systematic way, measured against established targets. The development and implementation of a strategy during 2007-2008 will then allow for a detailed exit strategy to be produced.

2. Regulation and licensing of CAHWs is set out in the draft Veterinary and Para-Veterinary Practitioners Bill, 2006. OXFAM should support the implementation of this bill if made law, both at national and district levels. Key areas where the DVDs may need support include defining roles for support to CAHW services, approving and implementing a standardised curriculum (already developed in 2003), and setting up regulatory, licensing and monitoring systems. The role of JICAHWA in relation to CAHWs and the DVD also needs to be defined if CAHWs are legalised.

3. A sustainable veterinary drug supply is available in Kotido but not in Kaabong District. OXFAM could consider offering an interest free loan to a veterinary professional to establish a pharmacy in Kaabong town, based on the successful system OXFAM used for
setting up the Kotido Central Vetcare Pharmacy. This will be quicker and possibly more sustainable than offering a loan to the newly formed Dodoth Community Animal Health Workers Association (DOCAHWA).

4. The DVDs needs to be supported to develop a map of CAHWs geographic coverage, which should include the estimated number of households and female headed households covered by each CAHW. This should identify areas with no services either due to inactive CAHWs or absence of CAHWs, which will allow for futures plans to train more CAHWs to be developed.

5. OXFAM should work closely with the DVDs to develop and implement a simple CAHW monitoring system, based on monthly reporting of cases treated by individual CAHWs. This should be linked to an incentive payment and could feed into the regional and national disease monitoring system. The reporting format should be appropriate for literate and illiterate CAHWs.

6. OXFAM has supported the development of the Jie CAHW Association (JICAHWA). It is an active and motivated organisation, but needs help to define its focus, develop a strategy, improve its planning, budgeting and financial management and present a more open and accountable executive to its members. The association has been running a veterinary drug shop in Kotido as a profit making business but lacks a business plan, and also needs help with financial and stock management.

7. CAHWs need help with understanding the wide range of drug preparations available to them in the various pharmacies. JICAHWA should be encouraged to keep a smaller range of drugs, and focus on those which are essential (e.g. 20% ox-tetracycline for treating common bacterial infections).

8. OXFAM needs to define what it is trying to achieve through its support to both JICAHWA and DOCAHWA and plan this support, working with both associations to agree annual and quarterly activity plans which set out OXFAM’s input. There needs to be closer mentoring and follow up of JICAHWA, which must include assessing the annual activity plan against actual achievements. DOCAHWA has been developed along similar lines to JICAHWA but is as yet a small and not very active association. Lessons from the JICAHWA development experience should be documented and used to help DOCAHWA.

9. The partnership management framework needs to be supported by a system that can assess the stage of development of a partner, which at present does not exist. There are numerous models upon which OXFAM could base their own system which are listed in the reference section 5. The system should allow for joint assessment by both partners and could be done on annual basis against established targets.

10. JICAHWA is attempting to develop sub-county level CAHW associations to better meet CAHW’s and livestock owners’ needs. This has not been very successful to date and they need help to review the problems encountered and re-focus their efforts.

11. At national level, there are opportunities for promoting the CBAH delivery service based on the positive experience of the CAHW system in Karamoja. This assignment documents some of the impacts seen since the inception of CBAH services and this documentation should be continued on a regular basis, through annual or bi-annual participatory impact assessments. Advocating for the passing of the Veterinary and Para Veterinary Practitioners. Bill and its implementation is an appropriate role for OXFAM, given its track record in Karamoja and its documented experiences.
1.0 INTRODUCTION

1.1 Background to the North Karamoja Pastoral Development Programme
The Northern Karamoja Pastoral Development Programme (NKPDP) has been implemented by OXFAM GB since 2004 as part of the Uganda Pastoral Programme. The NKPDP builds on an existing project including the former Kotido Pastoral Development Project which operated from 2001-2003, and previous work by OXFAM which has been working in the region since the early 1990s.

In 2003, the Uganda programme underwent a fundamental review which resulted in the development of a new nine year programme to increase representation and capabilities of pastoral communities through partnerships with government and community service organisations. The focus so far has been on the water, agriculture and livestock sectors. The programme is currently at the end of the first phase (2004-2007) of a nine-year strategy of Capacity Building for Empowerment.

The Uganda Pastoral Programme priority for the 2006/07 financial year has been to prepare for an external evaluation, and mark transition to phase two of the nine-year programme for the NKPDP and launching of pastoral rights national level advocacy. Therefore priority has been given to strengthening learning, local partners’ capacity building, local advocacy, and enhancing the national programme by building the existing knowledge base on pastoralism, and strengthening pastoralists representation and networks.

OXFAM’s animal health activities are carried out as part of the food security component of the NKPDP. The first three year phase (2004-2007) has been a period of developing the programme, in terms of establishing and planning activities, as well as developing the Kotido office human resource base. It has been a phase of awareness raising with communities and local government on the aims of the programme, and establishing the building blocks for supporting the development of local pastoral associations. Phase two (2007-2010) will focus on consolidating the pastoral associations with an exit strategy in mind, and examining whether there is a clear understanding amongst stakeholders of the development priorities for the area. The third phase is described as reviewing progress and disengagement by OXFAM.

The NKPDP is implemented in two districts, Kotido and Kaabong, of the five districts in the Karamoja Region. In terms of animal health, the organisation has been implementing a CBAH care programme since the mid 1990’s which has continued under NKPDP. The programme has supported the training and equipping of CAHWs in Jie and Dodoth communities, and in Jie, the establishment of a local drug supply system and the formation of the Jie Community Animal Health Workers Association (JICAHWA). This association aims to represent the interests of livestock keepers as well as handling a private veterinary drug supply chain. Prior to this period (1995-98), Oxfam had supported the training of CAHWs in Dodoth, provided veterinary drugs and helped create the Dodoth Agro Pastoral Development Organisation (DADO) to oversee the activities of the CAHWs in what is now called Kaabong District.

A number of NGOs working in Karamoja Region have been advocating for the promotion of community based animal health care services which are more appropriate to the needs of remote pastoralists. This approach, combined with decentralisation of government provision of such services within a number of new policy frameworks, has led to a change in the contextual environment for the programme. The current Government of Uganda policy on animal health service providers allows CAHWs to operate in Karamoja Region in recognition of the remoteness and mobility of many of its people, the limited coverage of the government DVD and the lack of any other qualified animal health service providers. The Karamoja Region is unique since CAHWs are not allowed to operate in other regions of Uganda and
This makes it all the more important that lessons from the CBAH services in this region should be learnt and disseminated as a means of influencing future policy.

1.2 Scope of the study
The full terms of reference for this assignment can be found in Annex 1. The study evaluated the community based animal health services supported by OXFAM GB in Kotido and Kaabong Districts of Karamoja Region as part of a wider evaluation of phase 1 of the NKPDP.

Specifically the objectives of the study were:

1. To assess the status of community based animal health workers, particularly with regard to their availability, accessibility, affordability, acceptance and quality by the livestock owners.
2. To assess the impact of CAHW activities on Jie and Dodoth livelihoods, including livestock production and productivity.
3. To identify institutional capacity building gaps for community based animal health workers and for the associations.
4. Make recommendations for how Oxfam should continue to support to CAHW and an exit strategy for Oxfam’s overall support to community based animal health work.
5. To suggest key policy messages those stakeholders could use to influence policy makers to appreciate the value of CAHWs.
6. To identify the key lessons learnt in the implementation of the programme.

The study was developed from a proposal submitted to OXFAM GB by the Acting District Livestock Production Officer for Kaabong District, Dr. Frederick Eladu, a veterinarian. Objectives 1 and 2 of the study were taken from Dr. Eladu’s proposal, whilst objectives 3-6 were defined by OXFAM to address sustainability of the CBAH services, lesson learning and the policy environment. OXFAM GB stressed that the assessment must be community led and participative.

1.3 Study methodology
OXFAM GB has been working in close partnership with the Government of Uganda DVD in both Kotido and Kaabong Districts as a means of establishing the links between the vet department and the CAHWs. This approach aims to help the development of a CAHW support system, whereby the CAHWs can seek help from the DVD and report disease outbreaks, and the DVD can monitor the technical skills and services provided by the CAHWs as well as contract the CAHWs for specific tasks such as vaccination campaigns.

As a means of giving the vet department further support it was agreed that the field data collection for objectives 1 and 2 would be done by Dr. Eladu and a team of DVD staff. This would help them to develop their evaluation skills and gain a better understanding of community led impact assessments. An external consultant, Dr Suzan Bishop, was recruited through Acacia Consultants Ltd. to work with Dr. Eladu and his team, and OXFAM GB, to propose a methodology for the field data collection, plan the work and provide orientation to the team. Dr. Eladu was contracted by OXFAM for 18 days of field work, after which the external consultant would return to review and analyse the results with the team, conduct further interviews and lead feedback meetings with the various stakeholders. The external consultant was also responsible for working with the CAHWs associations, principally

JICAHWA, to address objective 3. Objectives 4, 5 and 6 would result from the field data, interviews and discussions with stakeholders and feedback meetings.

**Methodology for Objectives 1 and 2**

**Objective 1:** To assess the status of community based animal health workers, particularly with regard to their availability, accessibility, affordability, acceptance and quality.

**Objective 2:** To assess the impact of CAHW activities on Jie and Dodoth livelihoods.

In order to make the impact assessment community led, the methodology was based on a participatory approach using a range of tools that would result in qualitative data being collected. The same methodology was repeated with every community visited as a means of providing evidence of impact (Annex 2).

Dr. Eladu was supported by a team of four: Nyanga Dickens, Animal Health Assistant (AHA) and Losirex Abrahmas, AHA, both from Kaabong District DVD, Branford Achilla, AHA, from the Kotido District DVD and Lomuria Michael, an independent social scientist. All the team members had received previous training in participatory data collection methodology and tools, though the length and quality of the training could not be assessed. However, apart from Dr. Eladu, their field experience using these tools was limited. With this in mind, the methodology was kept simple with a small number of tools being used to ensure that the team was able to understand and apply them effectively. Dr. Eladu, supported by Dr. Paul Lochap, veterinarian and Kotido District National Agriculture Advisory Services Coordinator, and Dr. Pasqual Pamuga Kotido District Veterinary Officer, conducted two day training for the team prior to the field work to orientate members on the methodology and allow them to practice the tools.

The stakeholders consulted were livestock owners, including community leaders, and community animal health workers in Kotido and Kaabong Districts. The number of communities consulted was based on the time allocated by OXFAM to Dr. Eladu. Six kraals/villages were visited, 3 in Kotido District and 3 in Kaabong District. Two options were considered by the evaluation team: option one would involve visiting three communities with CAHWs and three without, whilst option two would target six communities with CAHWs. Since OXFAM was interested in assessing impact of the CAHW services, and also wished to use this information for influencing policy on primary animal health services, it was agreed that all six locations would have CAHWs. In the opinion of the consultants, visiting only three communities with CAHWs would not yield sufficient data to show evidence of impact.

<table>
<thead>
<tr>
<th>District</th>
<th>Sub county</th>
<th>Village/kraal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kotido</td>
<td>Rengen</td>
<td>Lomejen</td>
</tr>
<tr>
<td>Kotido</td>
<td>Nakapelimoru</td>
<td>Watakau</td>
</tr>
<tr>
<td>Kotido</td>
<td>Kachieri</td>
<td>Nakuatapuli</td>
</tr>
<tr>
<td>Kaabong</td>
<td>Kaabong</td>
<td>Lomusian (kraal)</td>
</tr>
<tr>
<td>Kaabong</td>
<td>Kapedo</td>
<td>Kawualukol</td>
</tr>
<tr>
<td>Kaabong</td>
<td>Kalapata</td>
<td>Kalapata (kraal)</td>
</tr>
</tbody>
</table>

Due to the ongoing government disarmament campaign in Karamoja it was only safe to visit kraals under the protection of the army and therefore the security situation determined which kraals and villages were visited. Two to three days were spent in each location, where separate group meetings were held with women and men, and CAHWs. Groups had 15-20 participants selected by the local consultant in consultation with the local council.
The tools used to fulfil objectives 1 and 2 are found in Annex 2 along with a list of questions which served as a framework for semi-structured interviews. Any potentially interesting points raised by participants were also probed even if they fell outside of the framework.

The quality of the CAHW services includes the technical knowledge, skills and competence of the CAHWs. However it was interpreted by communities as meaning recovery rate of the animals treated and quality of the drugs. Livestock owners’ perceptions of the quality of the CAHWs services were supported by an assessment of CAHWs technical competence, through individual CAHW interviews. CAHWs were tested through questions and physical examination of their drugs and equipment. A test was developed to assess CAHWs knowledge on clinical signs and their ability to use veterinary drugs correctly and safely. For the test on clinical signs the CAHWs were asked to list five livestock diseases they usually treat. They had to give at least five clinical signs for each disease. They were then asked three drugs (this could be different preparations of a generic drug) that could be used for each disease. Assessing CAHWs ability to apply the correct dose of the mentioned drugs was harder to assess but this was done through discussion and technical evaluation of specific case histories. The dosage results were categorized as under dose, correct dose or over dose. For clinical signs and ability to prescribe the correct drug the marks were translated into a percentage and classified as follows:

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>75% and above</td>
<td>Excellent</td>
</tr>
<tr>
<td>65% - 74%</td>
<td>Good</td>
</tr>
<tr>
<td>55% - 64%</td>
<td>Fair</td>
</tr>
<tr>
<td>45% - 54%</td>
<td>Poor</td>
</tr>
<tr>
<td>Below 45%</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

The ability to apply the correct dose of a drug was scored as follows:

- Very good: 1
- Good: 2
- Fair: 3
- Poor: 4

Forty three CAHWs were interviewed, 29 of whom worked in Kotido District and 14 who worked in Kaabong District. These interviews also included a section on the viability of the services provided by individual CAHWs in order to assess service sustainability and constraints faced. (Annex 2).

Methodology for Objective 3.

**Objective 3:** To identify institutional capacity building gaps for community based animal health workers and for the associations.

JICAHWA represents the interests of CAHWs in Kotido District. They are in the process of establishing sub-county level CAHW associations. In Kaabong District the Dodoth CAHW Association (DOCAHWA) was formed in the late 1990’s but is still un-developed and inactive. The external and local consultant held an initial meeting with 14 members of JICAHWA including the chairman and other members of the executive committee prior to the field work. An analysis of the strengths, weaknesses, opportunities and threats (SWOT) of the association was done with the participants to identify the association’s key areas of interest and current activities, and the specific sectors that would need support from OXFAM. A second meeting was held after the field work with 58 members, representing 42% of the entire membership, and 60% of the active CAHWs. Here, the key themes were discussed in more depth and a brief organisational assessment was undertaken. The results
of the impact assessment field work were presented and discussed for further verification. The assessment of the development stage of JICAHWA was based on both the OXFAM Partnership Management Agreement and the annual review done in 2006 where objectives were set for the fiscal year 2006-2007.

1.4 Constraints

The OXFAM GB Uganda pastoral programme coordinator who led the development of the study and who had been managing the programme for six years left the organisation shortly before the study took place. The responsibility for overseeing the study was passed to a relatively new staff member and therefore certain institutional memory and information about the programme may have been lost. Key documents listed in the TORS as background material, such as the Northern Uganda Social Action Fund and the Plan for the Modernisation of Agriculture, were not available in the OXFAM offices in Kampala or Kotido. The external consultant was unable to meet the team of DVD staff who were to undertake the field work with Dr. Eladu. This would have been helpful as a means of assessing their understanding of the aims of the study and their participatory data collection skills. To help the external consultant assess the capacity of the team it may have been better for her to have conducted the training and orientation for the field work for the entire team. There was insufficient time during the first trip to do this and it needed to be organised prior to the trip. Due to the inexperience of the field team some of the tools had to be adapted and simplified, and information was not always triangulated or followed up with further probing questions, leading to gaps in the data.

The OXFAM Kotido Food Security project officer responsible for working with Dr. Eladu was out of the country for the first week of the field work and the external consultant suggested that another member of the OXFAM Kotido staff should join the training and the field work to ensure that the methodology was followed and that the participatory tools were used effectively, allowing the full participation of the stakeholders. Unfortunately there was no one available with the requisite skills. The OXFAM project officer was not able to join the field team for the data collection due to other work commitments.

2.0 FINDINGS AND DISCUSSION

2.1 Status of the CAHW services: availability, accessibility, acceptance, affordability and quality of CAHWs.

The results are disaggregated by gender as shown in Table 2. The median score for the different service providers for the six locations visited is given for each indicator, together with the score range.

CAHWs received the highest median score for availability and accessibility, whereas the DVD received relatively low median scores for these indicators. However, the DVD was scored highest for affordability, quality and acceptance. Although CAHWs had a low median score for affordability they were still received the second highest median score for acceptance, indicating that in most cases livestock owners appreciate the services they are giving and are prepared to pay the prices. CAHWs were scored second after government vets for quality of service, which is to be expected due to their more limited animal health training. Participants consistently stressed the need for continued refresher training for CAHWs. Traders were considered to be a useful option but many participants acknowledged that they often sold poor quality drugs, and that livestock owners did not have the same knowledge and skill for treating animals as the government vets and the CAHWs.

Participants gave traditional healers and themselves low scores for all the criteria. It is not clear why traditional healers where not considered to be very available or accessible since one would assume that they live in the community. Regarding the scores that participants
gave to their own ability to deal with livestock disease, the results would suggest that although livestock owners have in-depth knowledge of livestock diseases and transmission, they understand the need for technical support and advice for treating their livestock.

When looking at the gender disaggregated data, there are subtle differences between the consensus of women and men. Women scored the government services higher than men for all the criteria. Men thought that traders were more accessible and acceptable and gave a higher quality service. Women gave a higher score on quality for traditional healers than the men. These differences might be explained by the different roles of women and men in caring for livestock, for example men are more likely to be in the kraals or taking animals to the markets than women, possibly giving them greater contact with drug traders and CAHWs. In the more remote kraals men are more likely to rely on CAHWs than government for services. Women spend more of their time in and around the villages, with fewer opportunities to contact drug traders and hence may rely more on traditional healers.

Table 2: Matrix scoring of animal health service providers to assess availability, accessibility, acceptance, affordability and quality.

<table>
<thead>
<tr>
<th></th>
<th>Government</th>
<th>CAHW</th>
<th>Traditional healer</th>
<th>Traders</th>
<th>Self</th>
<th>Prayer</th>
<th>NGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>11</td>
<td>4-17</td>
<td>46.5</td>
<td>11.5</td>
<td>16.5</td>
<td>14.5</td>
<td>5</td>
</tr>
<tr>
<td>Women</td>
<td>15</td>
<td>8-22</td>
<td>47</td>
<td>12.5</td>
<td>12.5</td>
<td>11.5</td>
<td>11.5</td>
</tr>
<tr>
<td>Accessibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>6</td>
<td>1-11</td>
<td>38.5</td>
<td>16</td>
<td>34</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Women</td>
<td>24.5</td>
<td>9-40</td>
<td>33.5</td>
<td>14</td>
<td>13.5</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Affordability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>33</td>
<td>3-63</td>
<td>23.5</td>
<td>19</td>
<td>15.5</td>
<td>17</td>
<td>9.5</td>
</tr>
<tr>
<td>Women</td>
<td>38</td>
<td>20-56</td>
<td>28.5</td>
<td>15</td>
<td>14</td>
<td>15</td>
<td>8.5</td>
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<tr>
<td>Quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>42</td>
<td>25-59</td>
<td>24</td>
<td>8</td>
<td>12</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Women</td>
<td>56.5</td>
<td>32-81</td>
<td>21</td>
<td>17.5</td>
<td>7.5</td>
<td>7.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Acceptance</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>33</td>
<td>27-39</td>
<td>29</td>
<td>12</td>
<td>15</td>
<td>7</td>
<td>5.5</td>
</tr>
<tr>
<td>Women</td>
<td>39.5</td>
<td>23-56</td>
<td>32</td>
<td>9.5</td>
<td>8.5</td>
<td>6.5</td>
<td>8.5</td>
</tr>
</tbody>
</table>
2.2 Impact of the CAHW services on the livelihoods of livestock owners

2.2.1 Livestock diseases

Livestock owners were asked to identify the five most important diseases affecting their animals and then divide 100 stones according to the relative importance of each disease. The most important disease is the one with the highest score and ranked as 1 and the least important with the fewest stones and ranked as 5 (Table 3).

Table 3: Matrix scoring and ranking of the five most important livestock diseases – women

<table>
<thead>
<tr>
<th>Disease</th>
<th>Kotido District</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lomejen</td>
<td>Watakau</td>
<td>Nakuatapuli</td>
<td>Lomejen</td>
<td>Watakau</td>
<td>Nakuatapuli</td>
<td>Lomejen</td>
</tr>
<tr>
<td>S</td>
<td>R</td>
<td>S</td>
<td>R</td>
<td>S</td>
<td>R</td>
<td>S</td>
<td>R</td>
</tr>
<tr>
<td>Lopid/Anaplasmosis</td>
<td>21</td>
<td>2</td>
<td>30</td>
<td>1</td>
<td>24</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Lokit/ECF</td>
<td>12</td>
<td>4</td>
<td>28</td>
<td>3</td>
<td>21</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Louko/CBPP</td>
<td>49</td>
<td>1</td>
<td>29</td>
<td>2</td>
<td>34</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ebaibai/foot rot</td>
<td>7</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastitis</td>
<td>8</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lopok/sudden death</td>
<td>21</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lokulam/babesiosis</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heartwater</td>
<td>15</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lokicumet/blackquarter</td>
<td>0</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Matrix scoring and ranking of the five most important livestock diseases – men

<table>
<thead>
<tr>
<th>Disease</th>
<th>Kotido District – men</th>
<th>Kaabong District - (men and women)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>R</td>
<td>S</td>
<td>R</td>
<td>S</td>
<td>R</td>
<td>S</td>
<td>R</td>
<td>S</td>
</tr>
<tr>
<td>Lopid/Anaplasmosis</td>
<td>35</td>
<td>1</td>
<td>31</td>
<td>1</td>
<td>16</td>
<td>4</td>
<td>39</td>
<td>1</td>
</tr>
<tr>
<td>Lokit/ECF</td>
<td>30</td>
<td>2</td>
<td>28</td>
<td>2</td>
<td>20</td>
<td>3</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Louko/CBPP</td>
<td>28</td>
<td>3</td>
<td>24</td>
<td>3</td>
<td>41</td>
<td>1</td>
<td>38</td>
<td>2</td>
</tr>
<tr>
<td>Ngikur/Ejiliwae/ Worms</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
<td>16</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imadang/ticks</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td>8</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthrax</td>
<td>5</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lokicumet/ Blackquarter</td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abur/trypanosomosis</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Longokwo/rabies</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebaibai/foot rot</td>
<td>10</td>
<td>4</td>
<td></td>
<td></td>
<td>8</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lopok/sudden death</td>
<td>23</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loleo/Rinderpest</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S – Score    R - Rank
They were then asked to show any changes in the incidence of diseases since the start of the CAHW services. It was planned in the methodology (Annex 2) that this would be done by proportional piling but the tools was adapted by the field team leader as the team members found this tool difficult. Instead for each disease the participants were given 100 stones to represent the disease situation before the introduction of CAHW services. They were then asked to either add stones (more livestock disease), leave them (no change), or take away stones (less livestock disease) as they wanted to represent the current disease situation.

The three most important diseases are CBPP, ECF and anaplasmosis. The CAHWs felt that livestock owners had over-estimated the drop in livestock disease, but they did agree that the number of cases had decreased. This was attributed to access to drugs such as tylosin for CBPP, and acaricides for prevention of ECF and anaplasmosis. If cases of CBPP were treated at an early stage with tylosin at the correct dose animals would make a full recovery, though some livestock owners considered that CBPP was best controlled by the previous government mass vaccination campaigns.

Table 5: Percentage change in livestock disease situation since start of CBAH services: Kotido and Kaabong Districts – men

<table>
<thead>
<tr>
<th>Disease</th>
<th>Kotido District - % change</th>
<th>Kaabong District - % change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaplasmosis</td>
<td>- 74% - 54% - 54% -60.6%</td>
<td>-74% -50% -70% -74%</td>
</tr>
<tr>
<td>ECF</td>
<td>- 85% -62% -78% -75%</td>
<td>-74% - - -74%</td>
</tr>
<tr>
<td>CBPP</td>
<td>- 80% -40% -85% -68.3%</td>
<td>-70% -80% -50% -74%</td>
</tr>
<tr>
<td>Worms</td>
<td>-70% - - -70% -75%</td>
<td>- -70% - -70%</td>
</tr>
<tr>
<td>Ticks</td>
<td>-75% - - -75%</td>
<td>- -20% -20% -74%</td>
</tr>
<tr>
<td>Anthrax</td>
<td>- - -100% - -100%</td>
<td>-100% - - -100%</td>
</tr>
<tr>
<td>Blackquarter</td>
<td>- -100% -100% -100%</td>
<td>-100% - - -100%</td>
</tr>
<tr>
<td>Trypanosomosis</td>
<td>- -90% -90% -90%</td>
<td>- - -80% -95% -95%</td>
</tr>
<tr>
<td>Rabies</td>
<td>- - - - +30% - +30%</td>
<td></td>
</tr>
<tr>
<td>Ebolboi/foot rot</td>
<td>- -94% - -94%</td>
<td>- - - - - -</td>
</tr>
<tr>
<td>Sudden death</td>
<td>- 80% -80% -80%</td>
<td>- - - - - -</td>
</tr>
</tbody>
</table>

Note: a negative sign (-) indicates a decrease in level of disease. A positive sign (+) indicates an increase

Table 6: Percentage change in livestock disease situation since start of CBAH services: Kotido and Kaabong Districts – women

<table>
<thead>
<tr>
<th>Disease</th>
<th>Kotido District - % change</th>
<th>Kaabong District - % change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaplasmosis</td>
<td>- 42% -70% -54% -55%</td>
<td>- 66% -70% -70% -68%</td>
</tr>
<tr>
<td>ECF</td>
<td>-78% -73% -62% -71%</td>
<td>-72% - -90% -81%</td>
</tr>
<tr>
<td>CBPP</td>
<td>-75% -60% -60% -69%</td>
<td>-62% -60% -40% -54%</td>
</tr>
<tr>
<td>Worms</td>
<td>-80% - - -80% -80%</td>
<td>- -100% -50% -75%</td>
</tr>
<tr>
<td>Ticks</td>
<td>-85% - - -85% -85%</td>
<td>- - - - - -</td>
</tr>
</tbody>
</table>
Drugs such as parvexon and imazol were considered to be very effective for ECF and anaplasmosis but imazol is currently unavailable in Uganda. Other oxytetracycline preparations of lower concentrations were not considered effective against these two diseases. Some of the results for changes in livestock diseases can be interpreted due to changes in external factors. For example the 100% drop in cases of anthrax and blackquarter is likely to be due to a number of factors and cannot be attributed to the CAHWs. Many CAHWs have never seen a case of anthrax. Reasons given for its apparent disappearance are that people avoid the grazing and watering areas which are known to have previously been contaminated, and that there is less wildlife around (e.g. buffalo) which plays a role in disease transmission.

Trypanosomosis was considered a problem around the Kidepo game park where there was closer contact between wild animals and livestock, and more tsetse flies present. It was not clear why participants considered that the number of cases had dropped dramatically but it might be due to tighter controls on the movement of livestock into the park, access to curative drugs such as berenil, and regular spraying of livestock with acaricides to repel flies.

Women mentioned that mastitis was a key problem, which men did not mention. This is probably because women are responsible for milking the cows and female shoa ts so are likely to have better awareness of this disease. In Lomejen women ranked heartwater as a major problem though this issue was not explored further and therefore it is not clear why they were the only group to mention this disease. Worms and ticks had decreased due to the availability of anthelmintics and acaricides. In some communities rabies was a considered to be on the increase, particularly for communities close to Kidepo since wild animals were thought to transmit the disease to dogs and cats.

Discussions with the livestock owners and CAHWs revealed that there was concern about a disease affecting goats, which the district DVDs suspected of being Peste des Petits Ruminants (PPR). Animals had been sampled during an outbreak in 2006 but the DVDs are still waiting for results of laboratory tests from the central laboratory in Entebbe. At the time of the field work some communities had reported further cases which prompted the Kaabong DVD to lobby for the results and relevant course of action. Further investigation in Kaabong District revealed that the diarrhoea was due to lush grass caused by rains in February 2007. In Kotido District PPR is now considered to be endemic. No vaccination against PPR could be carried out until the disease was confirmed; though according to the DVD FAO has funds for vaccination.

2.2.2 Sources of livelihoods

In the same groups of 15-20 informants, livestock owners were asked to identify the main sources of livelihoods for their families, and give them a score by dividing 100 stones between them. The results were then ranked as in table 7.
Table 7: Ranking of main sources of livelihoods: Kotido and Kaabong Districts

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lomejen M</td>
<td>Watakau M</td>
</tr>
<tr>
<td>Livestock</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Crops</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hunting</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Sale of firewood</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Brick making</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Wild fruits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charcoal making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relief food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of stones and building materials</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: M = men   W = women

They were then asked to show any change in the source of livelihoods since the start of the CAH services by adding or taking away stones from the 100 stones they were given for each source of livelihood (tables 8 and 9).

Table 8: Percentage change in sources of livelihoods since the start of CBAH services, men

<table>
<thead>
<tr>
<th>Source of livelihood</th>
<th>Kotido District - % change</th>
<th>Kaabong District - % change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lomejen</td>
<td>Watakau</td>
</tr>
<tr>
<td>Livestock</td>
<td>+60%</td>
<td>+46%</td>
</tr>
<tr>
<td>Crops</td>
<td>+33%</td>
<td>+34%</td>
</tr>
<tr>
<td>Hunting</td>
<td>-21%</td>
<td>-</td>
</tr>
<tr>
<td>Sale of firewood</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Brick making</td>
<td>+15%</td>
<td>+5%</td>
</tr>
<tr>
<td>Relief food</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Honey</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 9: Percentage change in sources of livelihoods since the start of CBAH services, women

<table>
<thead>
<tr>
<th>Source of livelihood</th>
<th>Kotido District - % change</th>
<th>Kaabong District - % change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lomejen</td>
<td>Watakau</td>
</tr>
<tr>
<td>Livestock</td>
<td>+20%</td>
<td>+30%</td>
</tr>
<tr>
<td>Crops</td>
<td>+40%</td>
<td>+26%</td>
</tr>
<tr>
<td>Hunting</td>
<td>-50%</td>
<td>-</td>
</tr>
<tr>
<td>Sale of</td>
<td>+24%</td>
<td>-</td>
</tr>
</tbody>
</table>
Significant increases in livestock and crops as sources of livelihoods were attributed to the improved animal health situation, an opinion supported by the CAHWS. The increase in crop production was due to having more and healthier livestock for ploughing land, which allowed people to cultivate larger areas. Also some participants felt that crops were a safer investment than livestock as they could not be raided. Increases in livestock numbers were partly being offset by cattle raiding and drought, and the new diseases such as PPR with which CAHWs were not familiar. The changes in the other sources of livelihoods were not attributed to improvements in animal health.

2.2.3 Livestock products

The exercise was repeated looking specifically at livestock products (tables 10 and 11).

Table 10: Percentage change in livestock products since the start of CBAH services: men

<table>
<thead>
<tr>
<th>Livestock products</th>
<th>Kotido District - % change</th>
<th>Kaabong District - % change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live animals</td>
<td>+50%</td>
<td>+40%</td>
</tr>
<tr>
<td>Meat</td>
<td>+20%</td>
<td>+28%</td>
</tr>
<tr>
<td>Milk</td>
<td>+40%</td>
<td>+40%</td>
</tr>
<tr>
<td>Ghee</td>
<td>+35%</td>
<td>+30%</td>
</tr>
<tr>
<td>Blood</td>
<td>+30%</td>
<td>+46%</td>
</tr>
<tr>
<td>Hides &amp; skins</td>
<td>+5%</td>
<td>+10%</td>
</tr>
<tr>
<td>Bones</td>
<td>0%</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 11: Percentage change in livestock products since the start of CBAH services: women

<table>
<thead>
<tr>
<th>Livestock product</th>
<th>Kotido County - % change</th>
<th>Kaabong County - % change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live animals</td>
<td>+5%</td>
<td>+32%</td>
</tr>
<tr>
<td>Meat</td>
<td>+20%</td>
<td>+19%</td>
</tr>
<tr>
<td>Milk</td>
<td>+57%</td>
<td>+50%</td>
</tr>
<tr>
<td>Ghee</td>
<td>+48%</td>
<td>+60%</td>
</tr>
<tr>
<td>Blood</td>
<td>+5%</td>
<td>+23%</td>
</tr>
<tr>
<td>Hides &amp; skins</td>
<td>+7%</td>
<td>+15%</td>
</tr>
</tbody>
</table>

Women and men noted differences in the changes of different livestock products. Women were more aware of the increases in milk production and ghee, whilst men talked of higher
numbers of live animals and increased use of blood in the diet. The women explained that
the men were often away with the herds in the kraals and depended more upon blood as a
source of food, whereas the women stayed in the village with milking animals. More animals
were being sold in the market and more meat sold in trading centres. There was a lower
increase in the use of hides and skins than for other animal products, although more animals
were being slaughtered for meat. This implies that hides and skins are considered as less
important resources since there are few marketing opportunities. In many cases when
animals are butchered the skin/hide is left on and cooked with the meat on the fire.

People who do not own livestock were also considered to be benefiting from the
improvement in animal health because animals were available for ploughing, they might be
loaned to a family and there was more milk available in the community

2.3 Livestock owners' knowledge about the CAHW services

Most of the informants were aware of how CAHWs were selected (by the community
leaders), what they learnt (management of sick animals) and what they did (treated animals
in the community). They also knew that CAHW services were meant to be paid by livestock
owners. They identified a number of services provided by the CAHWs: treatment of sick
animals, castration using burdizzo, spraying and deforming, branding, vaccination, reporting
disease outbreaks to government and mobilising communities for government sponsored
programmes such as vaccination, branding and spraying.

Out of the 12 groups (men plus women's groups) of livestock owners, seven groups
mentioned that in the event of a disease outbreak; they would tell the CAHW to inform the
DVD whose are responsible for investigating outbreaks and organising vaccination
campaigns. Services provided by CAHWs were assessed by the community, government
and in some cases NGOs – if the community was unhappy with the services of a CAHW
they would use another one. However, others noted that there was no one to whom they
could report poor CAHW performance. Livestock owners said that decisions on the types of
services that were available were made both by the DVD (vaccination campaigns and
control of disease outbreaks) and by the communities (requesting treatments from CAHWs).
Very few of the participants were aware of JICAHWA or DOCAHWA.

2.4 CAHW status: results of CAHW assessment

The mean age of the CAHWs was 36 years. Among the CAHWs, 15 had not received any
education, 20 had received primary education and 8 had received secondary education. The
CAHWs in the sample were trained in 4 groups thus 1994, 2001, 2003 and 2005 and only 2
out of 43 CAHWs had not received any refresher training. Other than the provision of an
initial kit of veterinary medicine immediately after the training and in some cases a bicycle,
the CAHWs received no other external material support.

Chart 1 show that 79% of the CAHWs had a total score of 55% and over. When this was
disaggregated into knowledge of clinical signs and ability to chose the correct drug for a
specific disease, 79% of CAHWs scored 55% and over for the clinical signs, whilst only 49%
scored 55% and over for correct drug prescription (Chart 2). Although ability to select the
correct drug was weak, dosing knowledge for the drugs was better, with 74% of the CAHWs
being scored as having very good or good knowledge. There did not appear to be a
correlation between results scored and the education level although no statistical analysis
was done to verify this.
In Kaabong District the CAHWs association, DOCAHWA, report that 50 CAHWs have been trained, out of which 18 are women and 32 are men, whilst 35 CAHWs are considered to be active and 15 not working. It is not clear what parameters were used to assess activity level. The Kaabong DVD is planning to train a further 20 CAHWs if sufficient funding is available. In Kotido District 137 CAHWs (40 women and 97 men) have been trained of which 1/3 were said to be active. No exact figures were available for this district. In neither district has any work been done by either the DVD, the CAHWs associations or OXFAM to document the reasons for CAHW drop out.

In Kotido there are three well established drug shops: Kotido Central Vet-Care, Happy Cow (NGO) and the Jie Community Animal Health Workers Association drug shop. There are also many other traders selling drugs in the markets. CAHWs are aware of and use of all the above sources, though try to avoid using traders. In Kaabong there is only one drug shop owned by Happy Cow and it is poorly stocked. The CAHWs therefore have to go to Kotido for veterinary drugs.

CAHWs stated that payment for services was still a problem, with some people accepting treatments and then refusing to pay, whilst others prefer to buy the cheaper drugs sold by traders. There was a wide range in the prices being charged by CAHWs, with some CAHWs charging higher prices to cover the costs of unpaid services, and others starting with a high price but being open to negotiation. The pricing structure seemed to be very flexible, depending on the judgement of the CAHW on a person’s willingness and ability to pay. Mark up on drugs ranged from 11-200%, depending on the type of drug, the volume purchased by the CAHW and how long it took a CAHW to use the drug. For example, the mark up for drugs with a rapid turnover such as a 100 ml bottle of oxytetracycline which could be used in a few days was lower than for acaricides and anthelmintics which would take several weeks to use.

Seventy five percent of the CAHWs had been in business for five years or more. The demand for animal health services is dependent on factors such as seasons, animal population, and types of animals kept, the incidences of different animal health problems and the willingness of livestock keepers to use the service. The lack of records kept by CAHWs made it very difficult to estimate the relative proportion of income derived from veterinary activities. However, most of the CAHWs said their major source of income was crop farming and livestock keeping; veterinary activities were supplementary. The CAHWs said that income from veterinary activities depended on seasons: during the rainy season there is high demand for their services and they make a lot of money. The study was conducted during dry season when the work-load is much lower. CAHWs use their veterinary income on recurrent expenditure such as food items, clothing, family medical care, and at times for purchase of animals especially chicken and goats.

2.5 Jie Community Animal Health Workers Association

2.5.1 JICAHWA: its origins and functions
JICAHWA was formed in 2003 based on an idea that arose from the CAHWs in Kotido District. They felt that they needed a coordination unit/body to give them support and strengthen them in their work.

The aims of JICAHWA are:
1. Improve animal health by treating animals and vaccinating them.
2. Peace building by educating the communities
3. Supporting women by restocking them with animals

JICAHWAs main functions at the time of the assessment were listed as running of the veterinary drug shop in Kotido, organising CAHW refresher trainings, carrying out seasonal campaigns for livestock owners to raise awareness on specific diseases and their prevention and control, and establishing sub county level associations. Other smaller activities include provision of goats to vulnerable households.

2.5.2 SWOT Analysis of JICAHWA.
These were the results of an initial SWOT undertaken with 18 members including the executive, prior to the field work. This information was later presented to a larger meeting of 58 CAHWs together with the results of the field work. The points listed were verified and discussed. The script in italics represents the additional comments from the verification meeting.

Strengths
- Committed members, all attend planning activities – 90 members attended the recent 2007 Annual General Meeting (AGM)
- Have own drug shop which ensures a good supply and provides good motivation to the CAHWs. All the CAHWs present buy drugs from the three drug shops in Kotido.
- Good support from the DVD and OXFAM. The DVD supports them in vaccination and branding campaigns (payment and equipment). CAHWs are paid 3000 UgSh per day for this work. Recently they branded 47,000 cattle in Kaabong District.
- Local government give good support in Kotido
- Good community involvement and support. But some people do not want to pay for services.
- JICAHWA organises regular refresher courses for the CAHWs
- Sub county committees are being organised for meeting and activities (better coverage.) But only two of the six sub county committees had been able to hold their first meeting of members due to lack of organisation and motivation.
- United members. Members began as united but circumstances such as drought and cattle raiding can prevent people’s involvement and commitment.
- Constitution exists which will guide the association. Most members questioned were vague as to what a constitution was and what the JICAHWA one states.
- Membership fee of 7000 Ug Sh. No fees have been paid since 2003, when 47 members paid. They have been given a deadline of paying within two months of the AGM for 2007. Members understood the need for fees to be paid (funding office, cover meeting costs, supporting sub-counties, buying additional drugs).
- The association can monitor the work of the CAHWs. Other than keeping records of the number of CAHWs there is no real monitoring happening.

Opportunities
- Refresher training and providing new kits (if funds are available).
- Strengthening of sub-county associations and making them operational. Some were reported to have inactive chairpersons.
- Exposure visits to other areas and associations
- More CAHWs to be trained
• Find out why CAHWs are not working and replace them if necessary.
• Provision of alternate source of income???

Weaknesses
• CAHWs are losing equipment due to the disarmament campaign (burnt, taken by soldiers). Several CAHWs had their drugs and equipment taken by the army.
• Livestock owners don’t always pay for services. If treatment is given late and the animal dies then people can refuse to pay. Prices can be bargained and the prices increased to recovered unpaid services.
• Lack of funding for JICAHWA
• No identity cards (I.D.) for CAHWs which sometimes limits their movements to town as they are afraid of police/military. I.D. cards would also give them more respect in the community.
• Lack of transport to investigate disease outbreaks; distribute drugs, for vaccination campaigns (JICAHWA has to hire a vehicle which is expensive).
• Lack of computer for report writing.
• Need more training in strategic planning, management, book keeping, proposal writing.
• CAHWs need to be trained how to vaccinate and need prompt payment from vet department – this is causing a lack of motivation. This is an issue in Kotido but not Kaabong.
• Many CAHWs cannot read or write so have problems with drug labels and reading the syringe for correct doses – functional adult literacy is needed.
• Drug store is also the office so JICAHWA needs a proper office
• Equipments are expensive for the CAHWs for instance; burdizzos, vaccination syringes etc.
• Poor communication between members due to large area of distribution and no phones.

Threats
• Raiding
• Looting of drugs during transportation from Kotido to the kraals.
• Mismanagement of funds by executive committee. In 2005 7 million UgSh disappeared from the account. Some people in the executive were suspected but no money has been recovered. A new executive was elected. Theft should be reported to the authorities but also the communities who can hold the executive accountable. Need more committee members so that finances can be overseen. Currently there are only five executive members.
• Change in government policies towards CAHWs (might not continue to support them)
• Most members take drugs on credit so money needs to be recovered and could affect the financial status of JICAHWA. This has been stopped as members were slow to repay.
• Failure to follow the constitution by members. Many members do not know what is written in the constitution.
• Poor record keeping
• Bad local politics
• Theft of drugs from shop
• Insecurity
• Sickness of group members
• Lack of commitment. This was identified as the single most important threat.
• Illegal drug dealers are a threat to the drug shop and CAHWs
• Withdrawal of donor support.

DISCUSSION
The issue of handling funds and the accountability of the executive is clearly a sensitive one with the members who feel that the executive are not sufficiently transparent, though this is probably due to lack of organisation rather than being intentional. There are no guidelines for handling of money, and no time bound budgeted activity plan. Consequently the members are unclear what the executive does or is planning to do, and do not know how funds are used. Few members who attended the meeting were able to explain either what a constitution was or the main points in the one written by JICAHWA. The veterinary drug shop run by JICAWHA is recognised by members as good resource, since in addition to a providing a supply of drugs they are able to get advice and information on the drugs and diseases. Members felt that the disease sensitisation campaigns done by the association had raised awareness amongst livestock owners, for example, many were now recognising the need to use Tylosin for treating CBPP.

2.5.3 JICAHWA veterinary drug shop

In 2006 OXFAM GB gave the association a grant of around 896,600 Ugsh to establish a veterinary drug shop in Kotido town. There are two other drug suppliers in Kotido, namely the Kotido Central Vet Care Pharmacy and Happy Cow project drug shop. The former is owned by two vets, both working for the Karamoja DVD, who received an interest free loan from OXFAM GB of one million Uganda Shillings in 2001. This was repaid within 13 months and the store is operating successfully with a current stock of around 40 million UgSh. Happy Cow project, a local NGO, mainly sells preventive drugs namely acaricides and dewormers. There are many traders who also sell drugs illegally in Kotido but the quality, availability and quantity of the drugs can not be guaranteed from these sources, and no technical advice is provided. The JICAHWA drug shop is run as a profit making business. CAHWs are then meant to provide services to livestock owners, putting their own mark up on the drugs. This provides them with an income and allows them to purchase further supplies. Drugs are sourced from a supplier in Kampala, selected following a visit by members of JICAHWA to various suppliers with the support of OXFAM. The members either go to Kampala to purchase supplies or simply place an order by contacting the supplier and transferring the money from their bank account. JICAHWA also receives support from the Kotido Central Vet-Care who sometimes helps with transport of drugs from Kampala. The shop manager of the Central Vet Care for the last five years is the deputy chairman of JICAHWA which brings a degree of experience on business management and record keeping to JICAHWA.

The shop is still in its infancy having only started five months prior to this assessment and it is too early to assess its sustainability. They report that they are making profit but no analysis of the financial records has been done and they have not decided what to do with profits made. In January 2006 they received training on record keeping from the OXFAM GB Kampala office. The books are well kept but it is not clear if those responsible are able to analyse the records to assess the business in terms of profit or loss, covering of costs and reconciling funds with records. There does not seem to be a clear written policy on types of drugs to stock and the quantities, nor on how to deal with expired drugs.

The shop was well stocked at the time that the consultant visited, though during a recent visit by OXFAM staff JCAHW indicated that they are experiencing problems replenishing their stock. The drugs in stock were relevant to the main disease in the area (external and internal parasites, tick borne diseases, bacterial disease such as CBPP) and had long expiry dates. However it was surprising to find large stocks of the antibiotic oxytetracycline 5% and smaller quantities of the long acting form (20%). Five percent oxytetracycline needs to be injected on three consecutive days for a full treatment, a regime which is challenging in an area where herds are mobile and there are large distances for CAHWs to cover. Animals frequently only receive part of the course which can affect recovery and also leads to drug resistance. For bacterial infections the most appropriate treatment is a single injection of 20% oxytetracycline, which is a long acting form of the antibiotic and is better suited to
pastoral environments. There were also too many different preparations of the same drug available as well as an unnecessary range of concentrations of oxytetracycline (5, 10, 15 and 20%), both of which can confuse CAHWs when buying and prescribing drugs. The shop was clean and tidy with well organised shelves.

**Future plans for the drug shop**

JICAHWA understands the need to improve the drug supply throughout the district since many communities and CAHWs are a long way from Kotido town. They are supporting the establishment of sub-county CAHW associations, as part of JICAHWA, aiming that these associations would set up and operate drug shops at this level. However there is no time frame for this as it relies upon having strong sub county associations and these are currently very weak.

**Constraints to the drug shop**

According to JICAHWA CAHWs have problems getting payment from livestock owners and some members reported that about 50% of livestock owners do not pay for services. This affects the CAHWs ability to keep supplied with drugs and JICAHWA sometimes ends up giving drugs on credit, although they claim that this is no longer allowed. The shop is run on a daily basis by one CAHW with support from another. They are voluntary workers but clearly they need to gain some income from this work as their time to conduct their own CAHW activities is curtailed. In line with the Ugandan laws on sale of veterinary drugs, the shop must be registered to a veterinary professional, either a vet or an AHA. It is registered in the name of the OXFAM GB food security project officer, a veterinarian, but JICAHWA currently has no plan for the shop’s long term registration.

**2.5.4 JICAHWA organisational assessment**

In early 2005 an internal assessment of JICAHWA was undertaken by OXFAM GB/NKDP using the partners’ management framework to identify JICAHWA’s level of organisational development. The results showed that JICHWA had met most of the indicators to move to level two of the KPDP partner management framework, a conclusion which is enforced by this current assignment. The report also noted that the quality of the activities showed some areas still needing more input. In line with this a number of recommendations were made which identified the areas to be supported during the following fiscal year from April 2006 to March 2007. These aims, activities and progress made towards them are set out in table 12. When attempting to assess JICAHWAs development in relation to the organisational capacities in level two it is clear that the association needs help in most areas and is as yet unable to fulfil any of the capacities without external support.

### Table 12: JICAHWA aims and achievements from April 2006-March 2007

<table>
<thead>
<tr>
<th>Aims</th>
<th>Achievements</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal writing, financial reporting, and general reporting based on grant disbursement regime (this is both an obligation on the part of the Association and also a benefit which the Association can get from NKPD)</td>
<td>Training in book keeping from OXFAM, January 07.</td>
<td>Books well kept. Not clear who is helping with analysis of books i.e. profit/loss, expenditure, reconciliation of books and funds.</td>
</tr>
<tr>
<td>Specific grants will be agreed with the Association in area of further organisational skills and facilitation of activities (develop MOU and concept</td>
<td>Project proposal submitted for 214,206,000 UG Sh MoU signed for 16,150,000 Ugsh.</td>
<td>Concept note included plan to open veterinary drug shop in Kotido which has been achieved, however the focus was mostly on prevision of</td>
</tr>
</tbody>
</table>
notes which clearly points areas of support) | material goods e.g. vehicles, rather than activities that would develop the association and support the CAHWs.
---|---
**Supporting the associations’ contingency plans and also developing their capacity to respond to seasonal planning demands in disease control.** | Partially done:
- Drought cycle management training given but not yet institutionalised.
- Refresher training of CAHWs (control of PPR and Rift Valley Fever)
---
**Other areas of focus including how to move the Association in addressing strategic needs including gender, HIV/AIDS and Conflict (these are largely of institutional capacity)** | Not done
Clarification of the vision, goal and purpose of the Association is critical in the attempt to make it more efficient.

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a longer focus plan with the association together with an exit framework</td>
<td>Not done</td>
<td>Suggestions to be made by external consultant following this evaluation.</td>
</tr>
</tbody>
</table>

2.6 Dodoth Community Animal Health Workers Association (DOCAHWA)

During the 1990’s OXFAM GB supported animal health in Kaabong District by training 87 CAHWs and equipping them with a basic kit, (containing a range of drugs and equipment), and a bicycle. OXFAM GB also supported the development of a local organisation, DADO, which aimed to represent the interests of pastoralists in what was previously called Dodoth County. It was a means by which pastoralists could come together to discuss and voice opinions on issues that affected them, and also acted as a link between the community and OXFAM GB. Although DADO has been receiving annual grants from OXFAM over the last 2-3 years, according to OXFAM staff it is still a weak organisation with a low level of activity.

DOCAHWA aims to represent the interests of CAHWs in Kaabong District in a similar way to JCAWHA. DOCAHWA was established before JICAHWA in the late 1990’s with support from OXFAM, but never became active as security problems led to OXFAM’s withdrawal from the area in 1998 and the organisation was unable to return for several years. The consultant was not able to go to Kaabong to assess DOCAHWA’s status. DOCAHWA falls under the umbrella of DADO though it is not clear what the relationship is and what role DADO plays in supporting DOCAHWA.

DOCAHWA is at a very early stage of organisational development, and to date has not undertaken any activities. They still need to be registered with the district administration, and open a bank account. DOCAWA executives have visited JCAWHA to learn from their experience. OXFAM has budgeted funds for DOCAWHA for 2007-2008 for capacity building and field activities, and plans to organise CAHW refresher training through DOCAHWA and the DVD. No refresher training has been conducted in Kaabong District since 2003. Future funds from OXFAM will include a grant for DOCAWHA to establish a veterinary drug shop in Kaabong.

3.0 LESSONS LEARNT AND RECOMMENDATIONS

The services of CAHWs are increasingly being recognised and appreciated by the communities and significantly, by the DVDs, in their ability to provide services over a large area, undertake vaccination campaigns and report on the disease situation. CAHWs are now a well accepted pillar of the animal health services within the two districts, and are beginning to establish links with the DVDs. This enthusiasm provides an excellent opportunity to support the development of stronger ties between the CAHWs and the department. It also provides an opportunity for developing policy messages that can include the experiences of the DVD.

3.1 Oxfam’s future role in animal health in Kotido and Kaabong Districts

Given the success of the CAHW system and the drafting of a bill to legalise paravets in Karamoja Region, this is a key time for OXFAM to be maximising its support for animal health, the CAHWs associations and the DVDs. OXFAM has a long involvement in animal health in Karamoja, though the projects have sometimes lacked focus and sufficient support. A higher level of commitment and input to animal health is now needed if the CBAH system is to be institutionalised as a key service provider under the supervision of the DVD. Many of
the issues that were targeted in the TORs were similar to those in a review of the Kotido Livestock Development Project (KLDP) animal health component in 1997 (Catley). The recommendations made in 1997 are still as valid today, especially as it seems that many of them have not been fulfilled. It is important that experiences, successes and problems encountered over the course of OXFAM’s involvement in Karamoja are documented to allow new staff to understand the context of the project and prevent loss of institutional memory due to staff turnover.

One major restriction to the progress of establishing a sustainable animal health delivery system is the lack of a project document which sets out aims, objectives and outputs for the animal health component of KPDP. Having no targets and no baseline prevents any achievements from being evaluated, and can lead to a lack of focus. This also means that a long term exit strategy is harder to develop. The absence of targets and outputs was also noted during the 1997 review.

Discussions with key OXFAM staff in Kotido and Kampala indicates that the animal health project is under resourced in terms of staff. As previously mentioned the KPDP food security officer is responsible for animal health as part of his food security remit. This work burden translates into insufficient technical support and an unclear strategy and activity plan for working with JICAHWA, CAHWs and DVD. If OXFAM is committed to building on its considerable inputs and successes in the animal health sector, and ensure that it can phase out its support because of the existence of sustainable animal health services it needs to:

- Establish a strategy for supporting a sustainable animal health delivery system with clear aims, objectives and outputs which are time bound. This will help to identify key areas and the support they require if OXFAM is to be able to exit by 2013. This strategy will also include the phase out of OXFAM support in the third phase of the NKPDP.

- Monitoring, evaluation and impact assessment need to be part of the strategy. Currently it is unclear what project monitoring is undertaken, especially as there are no outputs against which to measure progress. In many organisations heavy staff work burdens often means that monitoring and evaluation is not done, and there are no systems that can be used, leading to ad hoc information. Once a project document with targets and outputs is developed, it is then possible to develop a monitoring and evaluation system.

- Review its staffing to ensure that one person can be employed full time to focus on the animal health component in the two districts. That person should have the relevant veterinary technical expertise, sound experience of CBAH services but also needs to have the ability to work closely with the CAHW associations and help to develop the links between CAHWs and the DVD. An experience in organisational assessment and development, and capacity building is vital.

- Defining roles with the DVDs for support to CAHW services and incorporating into the DVDs’ remit new legislation on para-veterinary practitioners if the 2006 Bill is passed. This will involve looking at the mandatory roles of the DVD in training, registering and supervising CAHWs, and how best these targets might be achieved given the challenges of Karamoja.

- Supporting the establishment of a drug supply system in Kaabong is probably the most important objective over the next few years. Whilst JICAHWA have made a good start with their drug shop in Kotido it is too early to assess its long term viability. OXFAM may wish to consider offering a loan to a veterinarian or animal health assistant to open a private pharmacy, as they did in Kotido with good success. It has a quicker start up time than waiting for DOCAHWA to reach the necessary level and is probably more
sustainable. Businesses run by individuals or partners often have a higher success rate than those run by associations. DOCAWHA may not be the best investment for a business, though it clearly has other important roles and functions.

- OXFAM needs to work closely with the DVDs and JICAHWA (and in the future DOCAHWA) to establish a system for monitoring CAHWs, identifying inactive CAHWs and gap areas, planning how to fill these gaps and ensuring that a standardised training curriculum is used for initial and refresher training. These issues are covered in section 3.3.

- The draft Veterinary and Para-Veterinary Practitioners Bill, 2006 states that all para-veterinarians, which include CAHWs, should be registered and licensed to work. Registration of CAHWs can promote local confidence in their services, and is also a motivating factor for CAHWs to perform well. Identity cards are integral to a registration system as is regular refresher training to ensure that standards of service are maintained. This is an area where OXFAM should engage, encouraging the DVD at national and regional level to put this bill, if passed, into practice.

- The CAHWs associations, JICAHWA and the new DOCAHWA are likely to provide the greatest challenge to OXFAM as it phases out its support. Capacity building needs of these associations are covered in section 3.3.

- Prepare a list of any documents relating to the animal health project that have been produced since the start of OXFAM’s involvement in animal health in Karamoja, to include proposals, reports and evaluations. This will help more recent staff and DVD staff to orient themselves, provide necessary background information and allow for lesson learning.

3.2 Impact assessment

Impact assessment is important for lesson learning and improving the understanding by veterinary staff of local disease and production constraints. Time spent working with livestock owners on these assessments also helps to give a positive image of the DVD and cement relationships with livestock owners.

Impact assessment can sometimes be daunting for inexperienced people, but if it becomes part of the yearly activity plan for the DVD staff supported by OXFAM it will develop into a routine task. This impact assessment provides the ideal building blocks for the DVD to institutionalise the process, and to develop a simple but effective impact assessment system.

A participatory impact assessment can be conducted on a yearly basis; though need not be as detailed as the one which was undertaken for this assignment. The key to a good impact assessment is ensuring that the right questions are formulated at the start and that the implementers are clear what information they are trying to collect. This will sharpen the focus of the work and allow the appropriate tools to be selected. Since the DVD and OXFAM staff have had limited exposure to using participatory impact assessment tools they will need help from an experienced practitioner to develop their methodology and provide any necessary training. A suggested approach for future impact assessments:

- **Every 2 years**: Detailed assessment as for this assignment ideally looking at a range of indicators such as morbidity and mortality trends for five major diseases (covering all the species, not just cattle), identifying emerging diseases, livelihoods and livestock product trends. Areas with specific problems, such as those bordering the Kidepo Valley National
Game Park, could be included to improve understanding of diseases such as trypanosomosis and rabies.

- *Every year:* Choose two indicators, for example livestock mortality and morbidity trends. This could be focused on one species e.g. goats/sheep to allow more in depth study of specific diseases. Another approach would be to choose two livestock products, such as milk and hides and skins, or draught power, and investigate how the five major diseases impact on their production.

Impact assessments can help to identify diseases which may require more in depth veterinary investigation for their epidemiology to be fully understood, with post mortem examinations and sampling for laboratory testing. Such diagnostic tools can provide valuable information for developing appropriate control and prevention strategies but should always be done together with a proper participatory disease investigation. Traditional veterinary investigation focusing only on sampling and without community involvement in assessing effects of a disease is unlikely to yield useful results. For further reading on this consult Catley and Mariner 2002, International Institute for Environment and Development Issue Paper No. 110 (The full reference is given at the end of this report).

Obviously the more kraals and villages visited during an impact assessment, the better since it allows for triangulation and verification of data. It would also be interesting in future studies to compare areas with and without CAHWs, as this would give a better picture of impact of CAHW services. Including local CAHWs in the discussions with livestock owners can allow for cross checking of information and give more breadth to the field work discussion. If impact assessment information is collected systematically over a period of several years it gives guidance to all stakeholders especially the DVD, CAHWs and OXFAM, and provides many opportunities for wider learning and for supporting policy development.

### 3.3 CAHWs services

Guidelines for a Uganda community animal health delivery system have been drawn up from the African Union Inter Africa Office for Animal Resources guidelines. These guidelines seem very appropriate and practical, and their implementation should be supported. At field level, whilst the CAHW services are well established in the two districts there are a number of issues that need addressing to make the system more effective and sustainable.

- **Service coverage:** The CAHWs services need to be mapped out to assess the level of coverage. The DVDs, JICAHWA, DOCAHWA and OXFAM should set clear targets for the predicted geographical coverage and household coverage of each CAHW including the number of female headed households covered. An example of an individual CAHW baseline data format which includes the service area was provided in the Catley (1997) evaluation report though it is unclear if it was ever used (Annex 3 ). Plans to replace inactive CAHWs and fill gap areas should be made jointly by the DVDs and the associations.

- **Payment for services:** It seems likely that there was insufficient involvement of communities when setting up the CAHW system, especially once full payment for services became standard practice. Livestock owners can afford to pay for services but there is still an understanding amongst some that the CAHWs are receiving free or subsidised drugs from the DVDs and NGOs. This needs a united approach by the DVDs and NGOs, together with the JICAHWA, to change attitudes and explain the differences between subsidised government vaccination campaigns and full cost curative treatments.
• **CAHW training:** Until recently a curriculum for training CAHWs developed by the Kenya Veterinary Board has been used by the DVDs in Karamoja. This curriculum is actually too detailed and too long (3-4 weeks) for CAHWs, covering minor diseases and including aspects of microbiology such as specific disease agents. This amount of detail can lead to a lack of training focus, and confuse CAHWs by providing them with information that they will never need to use. CAHWs generally have very good knowledge of disease pathology and modes of transmission, and focusing on major diseases, diagnosis, treatment, prevention and control during training will give a greater understanding of those key aspects of their work. There is a Uganda CAHW training curriculum (2003) which seems to be relevant in content and length for the training level required by CAHWs which is now going to be adopted by the DVDs, although the curriculum still needs to be officially approved. Yearly CAHW refresher training is needed and this criteria forms part of the draft Veterinary and Para-veterinary Practitioners Bill, 2006 to enable CAHW to maintain their license. Refresher trainings provide an opportunity to revise previous training material, emerging diseases, new treatments, prevention and control measures and legal issues affecting CAHWs.

• **CAHW selection:** It is not clear what method is being used for CAHW selection, in terms of who decides at community level and who sets the criteria. Communities must be allowed to set their own criteria for selection with guidance from the DVDs and JICAHWA. Clearly for a CAHW to have some level of education is a bonus, especially for report writing but setting education as a mandatory selection criteria may exclude the person that the community think is best suited to the work. Criteria frequently selected by communities include good livestock knowledge, animal ownership and maturity. Young better educated people often do not make the best CAHWs, as they see the experience as a stepping stone to other employment.

• **CAHW monitoring:** The best option for monitoring CAHWs is for the DVD staff to spend more time visiting CAHWs, to do spot checks on their work and provide them with support for difficult cases. In reality the department is under-resourced and cannot do this, therefore the most sustainable and practical approach is to pay the CAHWs to provide a monthly report of their activities using a simple reporting format (Annex 4 and 5). CAHW reporting can be a valuable source of information on the disease situation adding to local and national disease surveillance information, and it can help to identify potential outbreaks and emerging diseases. It is not necessary for CAHWs to be literate in order to submit a monthly report. An example of a monthly treatment recording format for illiterate people is given in Annex 5. A pictorial recording format can be designed for the major diseases that the CAHWs treat (e.g. ECF, CBPP, anaplasmosis, worms, pneumonia). Each disease format has a picture of the diseased animal so that the CAHW knows which form to use for which disease, and it allows for each case to be simply marked off so that a monthly total of cases can be reached. The format can also have a diagram of the correct dose of the generic drug to be used. This information can then be compiled by DVD staff. Currently the DVD compiles a monthly report but this is a very detailed report and does not include information on CAHW activities, unless they are part of a government campaign. The monthly DVD report could be shortened and re-focused to provide relevant information, with emphasis on CAHW activities. Regular contact with CAHWs can also help develop good relationships, establish which CAHWs are either inactive or not very active, provide opportunities for CAHWs to express ideas and opinions and provide additional information on their work.

• **Registration of CAHWs:** The draft bill proposes that all paravets be licensed to operate. This will entail setting examination pass marks for new CAHWs and all who attend refresher trainings, providing identity or registration cards to those licensed to practice,
for the DVDs, JICAHWA and DOCAHWA to maintain up to date lists of those registered, and selecting new CAHWs for areas where CAHWs do not maintain their licence.

3.4 JICAHWA capacity building needs

JICAHWA is a motivated organisation and has done well to interest a large number of CAHWs in Kotido District in its activities. However there are some key steps that need to be taken in helping JICAHWA become a viable, lasting and representative association. OXFAM needs to set up a system for assessing the level that the organisation has reached in its development. Whilst there is a framework for partnership management, there is no system for assessing the status of a partner and where it fits in the framework – there is no organisational assessment system. Organisational assessment cannot be done in a one off meeting and requires an approach that will help JICAHWA see it as a crucial learning exercise for the association, rather than being seen as a controlling tool used by its funding partner. There are numerous organisational assessment tools available, which can be adapted to OXFAM’s situation (see reference section 5). The assessment can be broken down into components to allow JICAHWA to fully understand and assimilate each step, and can be done over a period of time so that no one feels overwhelmed by the task and future plans. There are obviously many challenges for JICAHWA and areas where they need help; a few of the main ones are highlighted:

- OXFAM needs to make its future plans clear to all members so that there is a common understanding that OXFAM does plan to phase out its support and the time frame. There is a memorandum of understanding between JICAHWA and OXFAM which sets out the relationships, roles and responsibilities, activities and budget for the year. In addition to this OXFAM and JICAHWA need to agree on yearly and quarterly action plans, which are well structured and time bound, defining OXFAM’s support both in material, mentoring and time inputs. At present the support seems to be mainly through funds and specific trainings such as bookkeeping. Training is vital but alone it does not allow the skills to be developed - regular and consistent mentoring is needed if the executive members are to become confident users of their new skills.

- The future role of the DVD in supporting JICAHWA needs to be defined through discussions with both parties, a process which should be facilitated by OXFAM. The willingness of the DVD to engage with JICAHWA should be assessed i.e. do they see this as part of their mandate? There are different levels of engagement – OXFAM is helping with the organisational development and both OXFAM and the DVD should be helping with technical development and activities. There is clearly an important reciprocal relationship between the DVD and JICAHWA which needs to be developed, but the roles of JICAHWA and the roles of the DVD in managing the CAHWs and their services need to be well defined. At present this is an area lacking clarity on who is responsible for doing what. Hopefully the implementation of the new Veterinary and Para-Veterinary Practitioners Bill should set out specific roles for the DVDs in their relationship with CAHWs, and may also help define what JICAHWA can do both legally and within their scope. Suggested areas where the DVD and JICAHWA should be working together:

  ➢ Assessing the activity levels of CAHWs, ensuring that licensed CAHWs have identity cards and that they are attending mandatory refresher trainings: the DVD should take the lead role, with JICAHWA helping to inform and explain to CAHWs the new policy on CAHW registration and licensing. JICAHWA should work with communities to identify CAHW activity levels.
  ➢ Deciding with the DVD on necessary CAHW coverage and gap areas
  ➢ Undertaking seasonal disease awareness raising campaigns: the DVD should be doing the technical part with support from JICAHWA, who should also do the community and CAHW mobilisation.
Agreeing on the key diseases to be covered in CAHW trainings, including refresher trainings: JICAHWA has a role to play in feeding back community views on priority diseases.

Keeping JICAHWA up dated on para-veterinary and veterinary drug policy changes

Improving JICAHWA’s skills and knowledge of relevant drugs to stock and their uses

Setting up and monitoring CAHW monthly reporting system: DVD should take the lead with JICAHWA helping with communication with CAHWs, assessing if members are able and willing to fill forms.

Responding to disease outbreaks: JICAHWA has the capacity to inform and mobilise CAHWs to report on outbreaks and take part in DVD vaccination campaigns.

- Although it was not part of the TORs to assess the capacity of the DVD to assist JICAHWA’s development, it is clear that the DVD is under-resourced in terms of staff, finances, and organisational development skills and therefore would currently have limited capacity to support the association. Joint assessment of roles and available resources by the DVD, OXFAM and JICAHWA is needed to set out a future support system.

- The relationship between the JICAHWA executive and the members needs to be more transparent and accountable. One step to counter lack of trust is for the executive to develop a time bound budgeted activity plan. This could be done on a quarterly basis, and should be made available to members so that they can see where funds are going, they can monitor progress and hold the executive accountable. Progress reports on activities and the financial reports should be presented at all meetings.

- It was not clear how decisions are taken on the yearly activities before the executive prepares a proposal. Members should be allowed input to the decision making process through meetings where the key activities are agreed upon. This may also encourage attendance of members if they feel they are more involved, and in turn they may be more willing to pay membership fees. Acceptance of fee payment is a balance between the executive showing that funds are spent appropriately and members feeling that they are getting something for their money.

- Simple guidelines are needed for handling money to make it easier for the executive to understand how to budget and manage funds but also so that members know what funds are to be spent on which activities. This also applies to the drug shop where despite good records being kept there is no clear procedure for reconciling the funds with the books and assessing any profit/loss.

- Training in business planning is needed so that a business plan for the drug shop can be developed as soon as possible. The business plan should help the executive to define the range and monthly quantity of drugs needed, and predict seasonal demands. They should avoid having a larger number of preparations of the same drug and too many different concentrations of the same antibiotic e.g. oxytetracycline. The range of oxytetracycline preparations available is probably leading to confusion amongst CAHWs and may be the reason that they had problems prescribing the correct drug during their technical assessment. Technical support from OXFAM is needed to help them review their stock range and set out stock guidelines.

- The issue of setting a salary for the shop manager should be addressed, as well as the longer term legal ownership of the drug shop. One option is for JICAHWA to take on a veterinary professional as a partner in the business.
The main benefits which members currently get from JICAHWA would seem to be refresher training and the access to drugs via the drug shop. Though important issues, these benefits are available outside of JICAHWA, for example through the Kotido Central Vet Care and training from the DVD. If the association is to survive it needs to have a stronger representational focus, and the skills to advocate on behalf of its members. These are still early days for JICAHWA and advocacy skills take time to develop but the overall aim of the association should remain central to its development plans.

Few of the livestock owners interviewed were aware of JICAHWA and its aims. If JICAHWA seeks to represent pastoralists’ interests in terms of livestock and animal health, the target group needs to know it exists and be able to channel views and ideas via members. Again this is a long term goal but the association should keep this as their ultimate focus. The obvious way to do this is via the sub-county associations, which would be more accessible to livestock owners and CAHWs alike.

Sub-county association are still very young and JICAHWA needs help in establishing them as concrete entities rather than an idea. It was not possible during this assignment to establish the reason for the low level of motivation of these associations but JICAHWA together with OXFAM needs to review their progress, identify problem areas and develop time bound budgeted plans for their development.

With respect to DOCAHWA it is not possible to know its status as the consultant did not meet the executive or members. However all the above points apply equally to any newly formed association, particularly the point of developing an agreed action plan with OXFAM.

3.5 OXFAM’s exit strategy from animal health in Kotido and Kaabong Districts
The KPDP is due to phase out by 2013. In order for OXFAM to develop a detailed exit strategy there are various steps which need to be taken and a summary of suggested key activities is given in table 13. This focuses on developing and implementing strategies and systems, and setting targets.

Table 13: Summary of suggested key activities for OXFAM for 2007-2008

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time-frame</th>
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<tbody>
<tr>
<td>Develop animal health strategy in Karamoja, with clear targets and time-frame, monitoring and evaluation systems. Ensure staffing sufficient to support strategy</td>
<td>By September 2007</td>
</tr>
<tr>
<td>Develop organisational assessment system to support the partnership management framework</td>
<td>By November 2007</td>
</tr>
<tr>
<td>Yearly review of progress made</td>
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</tbody>
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**Support for DVDs:**
1. Help DVD and JICAHWA to develop clear working relationship with key roles and responsibilities, and assessing DVD capacity and mandate. Repeat for DOCAHWA. By end 2007
2. Work with DVDs to identify priority areas and action plan for support to CAHWs, to include mapping CAHW coverage and identifying gaps, plan for training new CAHWs, drug supply system for Kaabong, CAHW monitoring and disease reporting system, CAHW registration and re-licensing systems (training and refresher training), training course contents, community By August 2007
### dialogues on key service issues such as payment for services

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<tbody>
<tr>
<td>4. With DVD develop impact assessment priorities, frequency, methodology, implementation plan</td>
<td>By end 2007</td>
</tr>
<tr>
<td>5. Implement impact assessment plan and assess</td>
<td>2008</td>
</tr>
</tbody>
</table>

### Support to JICAHWA/DOCAHWA

| 1. Whilst organisational assessment system is being developed, with JICAHWA/DOCAHWA identify priority organisational development areas that can be supported over next 12 months. Develop quarterly action plan for OXFAM support and relevant OXFAM staff. | By end of July 2007 |
| 2. Support JICAHWA to develop long term strategy as a representative association for livestock owners, and plan for awareness raising within communities of JICAHWAs existence and aims. | By end 2007 |
| 3. Support JICAHWA to become more accountable to members initially by writing budgeted ¼ activity plans, to be made available to members and reported against at meetings. | As soon as possible |
| 3. Business plan development for JICAHWA drug shop | By end of August 2007 |
| 4. Financial management and system for handling funds/money for JICAHWA | By end August 2007 |
| 5. Technical support for appropriate drug sourcing, procurement, stock range and quantities, and policy for out of date drug disposal for JICAHWA | As soon as possible |
| 6. Review progress and constraints to JICAHWA sub-county association development, and develop time bound budgeted plan for support. | By end 2007 |

The support needed for DOCAHWA is harder to assess as the consultant did not meet with the association members and the association is very young. However the recommendations made in the table for JICAHWA are likely to be as applicable to DOCAHWA.

If the suggested targets in table 13 are achieved, then it will be possible to develop a detailed exit strategy. An overview of such a strategy might look like this:

#### 2008 and 2009:
Experimenting with, assessing and adapting the systems developed (such as impact assessment, organisational assessment system, CAHW monitoring system). Writing an exit strategy for key activities.

#### 2010-2011:
Monitoring of DVD, JICAHWA, DOCAHWA and CAHW activities and progress towards established goals e.g. DVD’s ability to monitor CAHWs, JICAHWA’s ability to raise funds and manage resources. Support to weak areas in back stopping capacity but DVD should be able to function independently. JICAHWA and DOCAHWA are likely to need closer support.

#### 2012-2013:
Decreased presence of OXFAM with back-stopping for JICAHWA, DOCAWHWA and DVD in organisational development and technical issues. It must be borne in mind that JICAHWA and DOCAHWA are unlikely to be fully fledged and independent by 2013 in terms of fund raising and advocacy. OXFAM will need to consider longer term support for these associations.
4.0 KEY POLICY MESSAGES

The following sections are possible areas where OXFAM could take an active role in advocating for supportive policies, based on documented field experiences.

Support to Pastoralists
In semi arid and arid areas like Karamoja, pastoralism is the most effective means of land use and survival. It allows for good management and conservation of the natural resources as well as supporting many livelihoods. It contributes a significant amount of livestock to the national and export meat trade. One of the most effective means of supporting pastoral livelihoods is ensuring that they have access to a quality animal health service and also to livestock and livestock product marketing opportunities. Quality animal health services are developing in the form of the CAHW system but marketing opportunities are still limited. Marketing of hides and skins in particular needs increased support.

Support to CAHWs
The most evident message from this work and literature on CBAH delivery systems is that CAHWs are an effective means of delivery quality service to livestock owners, particularly those living in remote areas. They are able to have an impact not only on the disease situation but also on the livelihoods of livestock owners. Private community operators such as CAHWs should be an essential element of Uganda’s Poverty Eradication Action Plan. They are able to work as private operators but also have a very useful role to play in government disease control and prevention campaigns by being involved through fee payment in vaccination campaigns and monthly disease reporting. CAHWs do need to be licensed and regulated according to the AU-IBAR guidelines and the draft Veterinary and Para-Veterinary Practitioners Bill, and have their work monitored to ensure that they deliver a quality service.

Support to the DVD
CAHWs are the most cost effective means of delivery animal health services in Karamoja but this cannot be done without the support of an active DVD. If the regional and district DVDs are to be able to fulfil their major role as licensing and supervisory bodies as well as in disease control and prevention, they will need financial resources to allow them to meet their human resource needs, to undertake field monitoring of CAHWs, investigate disease outbreaks, pay CAHWs to undertake specific activities such as vaccination and disease reporting, undertake animal health service impact assessments and train CAHWs.

Coordination of CBAH delivery services: There have been a number of CBAH programmes over the years in Karamoja operated mostly by NGOs but also under East African regional programmes such as the Participatory Community-based Vaccination and Animal Health Project (PARC-VAC) of the African Union/Inter-African Bureau for Animal Resources. At times there has been limited coordination of the approaches used and now that the DVDs are key supporters of CBAH systems all CBAH activities should be channelled through them. The non-profit sector has an important role to play in helping the veterinary department to set up the appropriate systems and develop their own expertise in this field but should not be allowed to operate alone. Clear MoUs should be developed between the DVDs and non-profit organisations setting out roles and responsibilities of each. All organisation reports should go to the DVDs and there should be regular meetings and feed-back sessions between the partners. Support should be given to the defunct regional livestock forum which is due to be resurrected by a meeting in April 2006.

5.0 CONCLUSION

The CAHW services are having a positive impact on pastoral livelihoods in Kotido and Kaabong Districts. This impact now needs to be consolidated and the key lessons learnt
should be used by OXFAM to inform its policy and advocacy work for supporting CBAH services.

The next two phases of KPDP will provide major challenges to OXFAM, DVD, JICAHWA and DOCAHWA if sustainable systems are to be in functioning well by 2013. In order to achieve this, OXFAM must increase its current level of engagement in animal health in Karamoja and start developing its own animal health strategy with targets, and monitoring and evaluation systems as soon as possible. There are many areas that need support but systems to implement key activities are lacking within OXFAM, the DVD and JICAHWA. Focusing on developing these systems over the next year, applying and adapting them will be key targets for 2007-2008. This will be a learning period for all these stakeholders but it should lay the foundations for decreasing support from OXFAM from 2010, when OXFAM should start playing a monitoring and back-stopping role.
REFERENCES


OXFAM GB Uganda (200?). Kotido Pastoral Development Project. Partnership Management Framework.

