



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

Executive Summary

Oxfam GB Programme Evaluation

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## **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.

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.

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