

LEGS Core Standards and Community-Based Animal Health Services



INTRODUCTION

This Briefing Paper considers how community-based animal health (CBAH) services that assist livestock owning communities can be better supported by implementing agencies, and draws on the lessons learnt from a LEGS Operational Research project funded by USAID/OFDA. The research aimed to identify and test alternative programme models for the application of LEGS Standards whilst complying with key donor regulations — specifically in the area of animal health and veterinary drug procurement and use — implemented using emergency veterinary voucher schemes.

The research project also undertook an online global survey of practitioners and policy makers to learn about their experiences of providing veterinary support in emergencies.¹

The main findings and recommendations from the Operational Research and the global survey are set out below according to the eight LEGS Core Standards common to all livestock interventions.² (Core Standard 4 on *Initial assessment and response identification* is not included here as it was not part of the research.) Although the work focused on emergency contexts, the lessons learnt are equally applicable in non-emergency situations as they lay the foundations for longer term sustainable services to be developed or supported, in line with the LEGS Core Standard on *Preparedness*.

LEGS recognises the importance of the local private veterinary sector both during and after emergencies, and recommends that support be given to local veterinary pharmacies and that community-based animal health workers (CAHWs) be used where available, including through the use of voucher schemes. The use of vouchers in emergency response has been hailed as an effective and efficient method in areas where markets are working as the system ensures targeting of vulnerable beneficiaries and supports the existing private primary animal health service delivery system.

A second Briefing Paper presents a summary of the Operational Research findings focused specifically on voucher schemes³.





LEGS Core Standard I: Participation

Community involvement is essential in all stages of a community-based animal health project, from initial awareness raising and CAHW selection, to payment for services and feedback sessions to authorities and implementing bodies. Without their active contribution, the community's acceptance and willingness to engage in the project will be affected. The use of existing community structures is likely to be the best option to ensure project sustainability and acceptance by the wider community; however, it may be necessary to form an animal health committee to act as the main interface between the community and other stakeholders if local structures are not appropriate. Communities need to have full knowledge of the proposed intervention, specifically on issues around service provision costs and drug pricing so that these can be discussed and agreed pre-implementation.

Listening to livestock owners can provide important information to guide project development and implementation. For example, during the Operational Research project communities had clear methods for assessing service provision, including for the quality of the drugs used for treating their livestock: the livestock's response to treatment was seen as proof of a good quality drug. The livestock owners had considerable experience of using different drugs and knew the differences in the concentration of drugs; and although they could not always afford the highest quality or the most relevant concentration, they were well aware of what would provide the best response. It also became evident from the Operational Research results that communities were willing to pay the cost of CAHW services if the services they provided were of high quality – for example in one test area farmers paid 40% towards the cost of the service themselves, with the balance being covered by vouchers. Quality service was defined by the research model as including a full clinical examination, understanding of the local disease context, diagnosis and treatment with quality drugs, provision of advice to the owner, and follow up of the case.

¹ LEGS Operational Research Project: Report from Online Survey USAID/ OFDA, Vetwork UK and the LEGS Project. December 2019

² LEGS Handbook, 2nd edition page 12.

³ LEGS Briefing Paper: The Challenges of Emergency Veterinary Voucher Schemes: Research into Operational Barriers to Applying LEGS

LEGS Core Standard 2: Preparedness

LEGS preparedness planning recommends building local capacity of both communities and service providers, and highlights the importance of supporting local private sector actors in animal health service delivery. These systems need to be in place as part of a functioning privatised animal health sector to be able to react to emergencies as they arise.

In some countries, government veterinary services have taken on the role of providing privatised curative services as well as their usual public roles: this can be due to a historic lack of private animal health service providers (AHSPs) who are able to provide these services. In locations where privatised CBAH services are set up, the provision of curative services by government veterinary staff often at subsidised rates, can lead to an undermining of the emerging private sector — as does the free distribution of some drugs and vaccines. The issue is further compounded by the ready availability of poor quality and counterfeit drugs at low cost, or by the actions of some development agencies who provide drugs and vaccines for free. A lack of government policies and procedures, or a failure to enforce them, exacerbates the situation.

In these circumstances, ensuring adherence to *LEGS Guidance Note 4* and its related *Key Action* under *Clinical Veterinary Services Standard 1*, therefore requires a shift in focus from direct distribution and public sector provision of services, to support for the private veterinary pharmaceutical market chain. Implementing agencies need to advocate to convince public services to stop providing these services and move fully into a private system, whilst also taking on the responsibility themselves for providing private service support where a private sector exists or where it has the potential to be developed.



The Operational Research project aimed to find opportunities for engaging Private Veterinary Pharmacies (PVPs) and private CAHWs/AHSPs within a system that had a long term future and potential, and was in line with the LEGS approach of helping people to secure their livestock assets. To achieve this, a good understanding of the market chain and demand and supply will be required by all implementing stakeholders to help PVPs and CAHWs orientate themselves as business people, i.e. with appropriate pricing, drug management, and recording of cases, treatments and drug details.

In the global survey, storage and cold chain were identified as the main challenge in the provision of veterinary support (60% of respondents). However, when identifying the causes of this challenge, the focus of respondents was on infrastructure (electricity, lack of facilities etc.), with less focus on the impact of poor storage practices within the private sector on the quality of pharmaceuticals in the market chain. There is therefore good awareness of the importance of investing in supply chain management (i.e. good storage, distribution and documentation practices), but further emphasis is required on the need for the private sector to take responsibility for supply chain management and to follow recommended documentation practices to ensure that safe, quality and effective pharmaceuticals are being used. This finding is in line with the LEGS approach of promoting market-based approaches to the provision of animal health services.

LEGS Core Standard 3: Competencies

The competencies of AHSPs will depend on their level of training. For example, the competencies of a CAHW would not be as high as those of an animal health technician, although CAHWs' knowledge of local animal disease problems and animal handling skills are likely to be good if the appropriate local people have been selected as CAHWs. This was witnessed in Kenya during the Operational Research project where the AHSPs, who were not from the area, had much more limited knowledge on camel diseases compared to the herders and the Community Disease Recorders (i.e. the people who were previously CAHWs).

Standardised national guidelines for competencies of the different cadres of front-line animal health service providers allow for appropriate training course content and for course time frames to be developed, as well as recommendations for refresher training. Training course content should also be flexible to allow for priority local diseases to be targeted. Providing business training and supporting AHSPs to develop their business skills is integral to establishing lasting private services. Training guidelines can be used by implementing agencies to monitor the competencies of AHSPs if monitoring is not being undertaken by any regulatory body. Implementing agencies need to understand the legal context, and the national standards on the roles and responsibilities of the various cadres of AHSPs, so that they can provide the necessary support in terms of training, equipment and service delivery as needed. In Ethiopia, for example, a government certified standardised training course with supporting documents is available for training CAHWs.⁴



The global survey found that 11% of respondents were distributing pharmaceuticals directly to livestock owners despite the fact that *LEGS Clinical Veterinary Services Standard 2* on examination and treatment encourages treatment be provided by an AHSP after having examined the sick animal. Implementing agencies should be encouraging AHSPs to develop valid animal health provider-owner-animal relationships, which include history taking, physical examination, diagnosis and treatment choices.

From the Operational Research findings, in locations where CAHWs are legally allowed to operate, women CAHWs were shown to be an integral part of acceptable and accessible services. Communities recognised the benefits of women CAHWs, citing the need to have both men and women trained as CAHWs as female headed households find it easier to access services from a woman CAHW. It also became clear that overall, the women CAHWs had better management of their case, treatment and drug records, which in the long term may result in more successful service provision and case management.

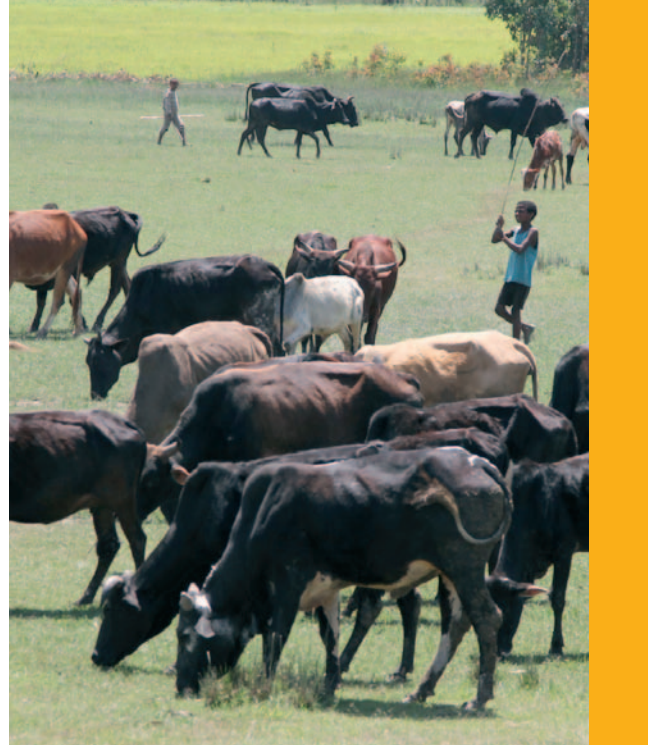
LEGS Core Standard 5: Technical Assessment and Intervention

Governments, agencies and NGOs have been involved in CBAH programmes for a considerable number of years, since structural adjustment in the 1990s. Whilst a few specialist livestock and animal health NGOs exist, multi-sectoral organisations frequently take on animal health activities, sometimes as an add-on to their wider programmes. In-house experience and technical skills for both developing and implementing CBAH projects are essential from the concept note stage through to the end of the project. Where agencies implement CBAH projects without the necessary experience and knowledge, problems can arise; with one example already mentioned being a lack of understanding of the need to avoid providing free treatment as this leads to existing or future privatised services being undermined.

The global survey results highlighted the fact that most implementing agencies are aware of the need to support private animal health services delivery, including for pharmaceutical supply, but at the same time some are still distributing free veterinary pharmaceuticals (33% of respondents), and not investing sufficiently in building capacity of private sector actors in the pharmaceutical market chain in order to provide local AHSPs with safe, quality, effective pharmaceuticals for the provision of curative and preventative services to beneficiaries.

When it comes to the ensuring the quality of veterinary medicines, 41% of the global survey respondents identified challenges; however their focus seemed to be on the issue of counterfeit or non-approved drugs rather than the role of regulatory authorities and market chain actors in maintaining the integrity of pharmaceuticals through good storage, distribution and good documentation practices. There is a need for implementing partners to work with private sector actors to build their capacity in these areas.

Improved and simplified systems to verify drug quality (i.e. national guidelines, improved importation procedures), complemented by awareness raising and training on the importance of drug quality at all levels (importers, government service providers, communities), are also needed to address this issue.



LEGS Core Standard 6: Monitoring and Evaluation

The Operational Research model proposed a monitoring system that would record progress of implementation and allow for course correction on veterinary drug use, management, storage and distribution by wholesalers, PVPs and CAHWs, as well as community satisfaction. The key aspects included random spot-checks and AHSP/CAHW kit monitoring, drug sample collections, checks on used packages and vials, random checks on drug chain suppliers, and baseline and end-line studies. Ideally these activities should be part of government regulatory functions, however in many cases they are either weak or absent, and in these circumstances implementing agencies will need to provide capacity building to help governments fulfil their monitoring role in the longer term. In the face of poor government regulation implementing agencies should also take responsibility for ensuring that safe, quality pharmaceuticals are used in their projects, and should support good supply, distribution and documentation practices by the market actors — including participating wholesalers, PVPs, and AHSPs/CAHWS.

Whilst drug quality testing is the ideal, for a number of reasons it remains uncommon, and this further reinforces the need for a strong monitoring system to ensure that drug quality is maintained from wholesaler to the point of treatment. The LEGS Standard on Monitoring and Evaluation emphasises the importance of establishing effective monitoring systems prior to implementation, and the research findings reinforce this point.

LEGS Core Standard 7: Policy and Advocacy

The countries where the Operational Research model was tested each had different legal and structural environments regarding the delivery of animal health services to rural and often isolated communities. For example in Ethiopia, CAHWs have been officially recognised nationally since the early 2000s, and minimum standards and guidelines for the design and establishment of a sustainable CBAH service exist alongside a nationally approved training curriculum. In Zimbabwe the CAHW concept is relatively new, but the experience of the Operational Research showed how a CBAH system could function and there is growing understanding of the need to define the status of CAHWs in a wider animal health service structure.

CAHW schemes often face problems that include lack of support from local and national authorities, the absence of a thriving private sector, inadequate training, and limited understanding of the need for cost recovery by communities who have long been used to free services from governments and NGOs. If CAHWs are to provide an effective service to communities in emergencies and in the longer term, CBAH projects need to work closely with government at all levels to improve the quality standards of the whole supply chain, and promote the acceptance and legalisation of private CAHWs as a key part of the animal health delivery system. The experience of Kenya is interesting in that CAHWs are now illegal and have instead become Community Disease Reporters, but they are still recognised by livestock owners for their ability to diagnose and treat livestock, particularly since no other frontline service providers have filled the gap. There is a need for implementing agencies to advocate at government levels and with professional veterinary organisations to promote the benefits of CBAH systems, particularly for agro-pastoral and pastoral areas with very limited veterinary service cover. Community-based services are the only ones that will effectively reach the many livestock keepers in remote areas where there are few public services and private veterinarians are not interested in working.

Giving CAHWs legal status helps to anchor them within the veterinary service structure as well as ensuring there are national standards for their roles and training. These standards should aim to provide the necessary quality assurances for drug management and use, and clinical services. There is also a need for more training and capacity building of government staff, national and local veterinary pharmaceutical importers, and PVPs, to ensure the quality of the pharmaceutical supply chain. It is important to clearly define and set out in legislation the roles and responsibilities of the public and private animal health sectors, and these need to be incorporated into training curricula for the various cadres of AHSPs and made available to all stakeholders.

LEGS Core Standard 8: Coordination

Coordination with other stakeholders including government, NGOs and private sector actors also contributes to improved outcomes—as does planning ahead, in particular to avoid procurement bottlenecks. Memoranda of Understanding, and detailed implementation plans agreed by all parties, can play a major role in ensuring parties are clear on their respective roles and responsibilities, and will improve coordination. Working in partnership with the private sector, particularly the pharmaceutical wholesalers and private pharmacies, is an essential element in the sustainability of animal health services. These actors can be important contributors to the discussion, planning and implementation of a privatised animal health system; and a close relationship can help governments and agencies to identify weaknesses in the sector where capacity building may be needed.

On a final practical note, the use of solar and car battery fridges, and working with human health services, was advocated by the global survey respondents to help address cold chain and storage challenges.



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