

Veterinary Voucher Scheme : *an emergency livestock health intervention*

case studies from Somali Regional State, Ethiopia

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"There were drought and disease here. The voucher scheme came at the right time. Before the scheme a lot of livestock died. Now all the treated livestock have survived. The scheme has been effective and I know that a lot of livestock have been treated as all the surrounding kebeles come here for treatment. This is the livelihood of the people."
- Subani Ibrahim Ndirndir ,Kebele Chairman.



Female CAHW treating animals with Acaricide



Traditional animal treatment

It is often the case that the short-term solutions provided by emergency relief interventions are not only very temporary, but in addition they actually *undermine* more sustainable livelihood approaches, and therefore impact negatively upon longer-term development as a whole.

Since the drought of 2005 and 2006 there has been increasing interest in the notion of veterinary interventions for livestock in drought-prone areas as part of an integrated approach to drought response. Over time, and with more attention paid to the fact that livestock interventions should reduce vulnerability through creation or reinforcement of local input sources, and should better equip service providers and livestock owners to manage threats, NGOs are working to improve their methods of implementation. As regards livestock treatment interventions, if relief provisioning is required, delivery should be designed to reinforce local input sources, including the system of Community Animal Health Workers (CAHW).

During southern Ethiopia's drought of 2008-9, Save the Children US piloted a voucher-based treatment intervention for livestock. The pilot program was implemented in Hargelle, Dolo Ado, Dolo Bay, Hudet and Moyale Districts of Somali Regional State. Community-based animal health workers (CAHWs), who had been trained by Save the Children US in pastoral communities, responded to this emergency by providing animal health services such as livestock disease treatment. This was carried out in the form of a Pilot Veterinary Voucher Scheme designed to make livestock disease treatment available to vulnerable families. The families could not afford to treat their livestock after the long drought: the animals would otherwise have died.

The Save the Children-trained CAHWs were given three days of tuition on the Voucher Scheme. They were then lent 720 Ethiopian Birr with which to make an initial bulk purchase of four common veterinary drugs, used to treat vulnerable families' sick animals.



Sara Hassan is a 40-year old pastoralist mother of seven from Dhabdhere PA in Afder Zone . She participated in the Voucher Scheme by receiving vouchers worth 48 Ethiopian birr. She was able to treat her three cattle and two donkeys and says that she can treat her livestock again if they become ill.

The vulnerable families were selected by an Emergency Animal Health Intervention Committee made up of community elders, local authorities and key community stakeholders. The families were then given vouchers worth 96 birr in order to contract the services of their respective CAHW and to pay for the drugs used if any of their animals fell ill from common livestock diseases.

Save the Children conducted the Voucher Scheme in two rounds in order to ensure that disease treatment services were available to vulnerable families at appropriate times.

CAHWs redeemed the vouchers at an SC/US-supported private veterinary drug pharmacy in Cherati, Afder Zone's closest service town. The CAHWs received back 80% in veterinary drugs and 20% as cash profit for their services. To repay the 720 birr owed from the initial drug purchase, the CAHWs simply returned the remaining used vouchers at the end of the program.

The link between the CAHWs and private market veterinary drug suppliers is key: they would either be unable to replenish their drug supply on a routine basis, or have to rely on cheaper black market drugs of unknown quality coming across the border from neighboring Somalia.

The Voucher Scheme lasted from October to December of 2008. This three-month time period ensured that livestock in Afder Zone were able to fully recover from the drought and flood emergencies.

A participatory impact assessment was conducted three weeks after the end of the treatment-voucher scheme, in June 2009. The assessment was designed to measure mortality in herds benefited from the emergency treatment services provided by CAHWs and thereby assesses the impact of animal drugs purchased using treatment vouchers in terms livestock losses from disease. The assessment looked in detail at Dollo Ado intervention district, where 1,000 households were given treatment vouchers totalling 96,000 ETB. Consequently, a total of 49,097 heads of livestock—43,585 small ruminants (sheep and goats), 3,717 cattle and 1,795 camels—were treated for various diseases between 22nd of February and 31st of May 2009.

The findings of the impact assessment were as follows:

Impact of disease on the livestock population : 81 herds of cattle and small ruminants benefited from the SC-US' treatment-voucher scheme, the populations declined from 968 to 664 and from 3099 to 2170. In this group of the study herds, death from disease accounted for around 42% and 50% of off-take due to all reasons in cattle and small ruminant respectively. In the 70 study herds used as control, the cattle and small ruminant populations declined from 838 to 417 and from 3248 to 1829 and, death due to disease accounted for around 45% and 49% of off-take due to all reasons in cattle and small ruminants respectively.

Pre-intervention period (June 2008 - January 2009): mortality was significantly higher for small ruminant study flocks treated using SC-US vouchers than for the study flocks used as control ($p < 0.03$). For cattle there was no significant difference between the target herds and the control herds.

Post-intervention period (February 2009 – June 2009): the mortality of the herds treated using SC-US vouchers was significantly lower than that of the control herds, both for small ruminants and for cattle ($p < 0.001$).

One drug, a multivitamin, was new to the area. It was introduced to strengthen pregnant and lactating animals – the breeding stock that would be essential to recovery. *“We had never used multivitamins for lactating animals before. Many animals survived that would have otherwise died. The community truly appreciated it and will definitely use it again during the drought season”*, remarked Subani Ibrahim, Ndirindir Kebele Chairman.

The overall finding of the assessment was that the drugs purchased by the 81 individuals involved in the impact assessment using SC-US' treatment vouchers had dramatically decreased mortality, both in cattle and small ruminants. (Diseases treated by CAHWs included CCPP in goats and CBPP and trypanosome in cattle.)

Animal health service (AHS) delivery in pastoralist areas is still very dependent upon outside agencies. Attempts to introduce sustainable AHS delivery through the private sector have fared poorly. This has primarily been due to a lack of provision and to a perceived risk of subsidized or free veterinary drugs from the government or NGOs during emergencies. The veterinary voucher scheme is a pioneering attempt to provide more sustainable emergency response in the AHS delivery systems of both the private and public sectors, whilst ensuring that needy target groups continue to receive affordable essential services.



Beshar Omer, owner of the private veterinary pharmacy *Allah-Aamin* in Cherati, Afder Zone, was initially supported by SC/US. The organization again contracted him to provide a vital link for CAHWs, enabling them to redeem their vouchers for cash and new veterinary drugs. This has allowed him to increase his profit and supply of veterinary drugs.

Given that the veterinary voucher scheme impacted positively upon the privatized systems, upon pastoral livelihoods, and upon the health of animals in the intervention area, it is worth trying in other areas.