



Introducing the

Community-based Animal Health and Participatory Epidemiology (CAPE) Unit



CAPE Unit

OAU/IBAR/PACE, PO Box 30786, Nairobi, Kenya

Tel: +254 2 226447/240591/334550/226651/251517

Fax: +254 2 253680/226565

E-mail: CAPE.PACE@bigfoot.com

Contents

CONTEXT	1
Livestock and pastoralism	1
The challenge of providing sustainable veterinary services	1
THE COMMUNITY-BASED ANIMAL HEALTH AND PARTICIPATORY EPIDEMIOLOGY (CAPE) UNIT	2
The origins of CAPE	2
CAPE's position in the Pan African Programme for the Control of Epizootics	4
The Outputs of CAPE	5
The Five Target Ecosystems of CAPE	6
CAPE Partnerships	6
Further information	8
Acknowledgements	8

Acronyms

CAPE	Community-based Animal Health and Participatory Epidemiology Unit
CBO	Community-based Organisation
DFID	Department for International Development, United Kingdom
FAO	Food and Agriculture Organisation, United Nations
NGO	Non Governmental Organisation
OAU/IBAR	Organisation of African Unity/Inter-African Bureau for Animal Resources
PACE	Pan African Programme for the Control of Epizootics
PARC	Pan African Rinderpest Campaign
PARC-VAC	Participatory Community-based Animal Health and Vaccination Project
TRVTT	Thermostable Rinderpest Vaccine Technology Transfer Project

CONTEXT

Livestock and pastoralism

Throughout Africa, livestock are a vital source of economic and social support for millions of poor people. Livestock production systems vary from backyard rearing of poultry or bees to herding of large, mixed herds of camels, cattle, sheep and goats. Livestock produce milk, meat, blood, eggs, hides and skins and are used for transport and draught power. Small stock such as sheep, goats and fowl are convenient items to sell for cash or exchange for other items. Livestock ownership has major cultural significance in many societies, whether rural or urban, and features strongly in local perceptions of wealth and poverty. In areas with low rainfall, livestock are particularly important for human survival. When lack of water prevents crop production, livestock continue to convert natural vegetation into nutritious foods for people. Consequently, livestock are the main assets of pastoralist communities in African.

The pastoralist population of sub-Saharan Africa is estimated at more than 50 million people while Ethiopia, Eritrea, Sudan, Djibouti, Somalia, Kenya and Uganda support around 20 million pastoralists. Pastoralists usually inhabit semi-arid and arid lands, and typically, they derive at least 50% of their food and income from their livestock. The other common feature of pastoral groups and the key to understanding their way of life, is mobility. Movement is essential for pastoralists because low and erratic rainfall in dryland areas causes marked spatial and temporal variations in the grazing resource on which livestock depend.

'If our animals are healthy, we are healthy'

For people who are highly dependent on livestock, veterinary services are a priority. When pastoralists are given an opportunity to express their concerns, livestock disease, water supply and insecurity usually feature at the top of the list. Diseases cause rapid loss of livestock assets and chronic reductions in milk supply, fertility or draught power. Important diseases include rinderpest, contagious bovine pleuropneumonia (CBPP), foot and mouth disease, trypanosomosis and internal and external parasites. Epizootic diseases such as foot and mouth disease prevent animals from pastoral areas entering formal international markets.

The challenge of providing sustainable veterinary services

Pastoral areas in the Horn of Africa are characterised by their large size, limited development, poor infrastructure and insecurity. Human populations tend to be small, highly mobile and difficult to reach unless on foot or in a four-wheel drive vehicle. Despite this situation, national veterinary services have tried to provide services to pastoralists by constructing clinics close to urban centres. In the absence of vehicles, fuel and incentives for veterinary staff, these clinics cover only a fraction of the livestock population in pastoral areas. Furthermore, well-trained veterinarians are often reluctant to work in remote, marginalised areas with limited facilities and harsh working conditions. Due to these and other problems, livestock diseases of major economic and international importance still persist in pastoral areas.

THE COMMUNITY-BASED ANIMAL HEALTH AND PARTICIPATORY EPIDEMIOLOGY (CAPE) UNIT

The origins of CAPE

In the late 1980s, veterinarians began to develop alternative systems for providing animal health services in pastoral areas of Africa. Much of the early work was supported by non governmental organisations (NGOs) who used the principles of **appropriate technology** and **community participation** to make best use of the skills and knowledge of livestock keepers. These small-scale projects were often said to be 'community-based' because they involved local people in various stages of project implementation and focussed on local priorities. Many projects worked with communities to select people for training as **community-based animal health workers (CAHWs)**.

At the same time when NGOs were experimenting with community-based delivery systems, the **Pan African Rinderpest Campaign (PARC)** was experiencing difficulties in accessing remote pastoral communities. Although PARC had successfully eradicated rinderpest from most African countries, the disease persisted in insecure pastoral areas of the Horn of Africa. The government vaccination teams and cold chain refrigeration supported by PARC could not penetrate these areas for a variety of logistical, technical and other constraints. In some areas, civil war and the absence of recognised government prevented rinderpest control activities.

- ***The Thermostable Rinderpest Vaccine Technology Transfer (TRVTT) Project***

An important breakthrough was the development of a **heat-stable rinderpest vaccine** in the early 1990s. This new vaccine did not require extensive cold chains and provided an opening for CAHWs to deliver vaccine in areas such as the Afar region of Ethiopia and southern Sudan. Therefore, PARC began to develop community-based approaches to rinderpest control and combine rinderpest vaccination with the provision of primary-level veterinary services by CAHWs. These activities were supported by the **Thermostable Rinderpest Vaccine Technology Transfer (TRVTT) Project** within PARC. An important feature of the TRVTT was the use of participatory appraisal methods to understand how pastoralists characterised and prioritised livestock diseases. This approach to utilising indigenous knowledge became known as **participatory epidemiology** and also enabled veterinarians to gain useful insights into the spatial and temporal patterns of disease.

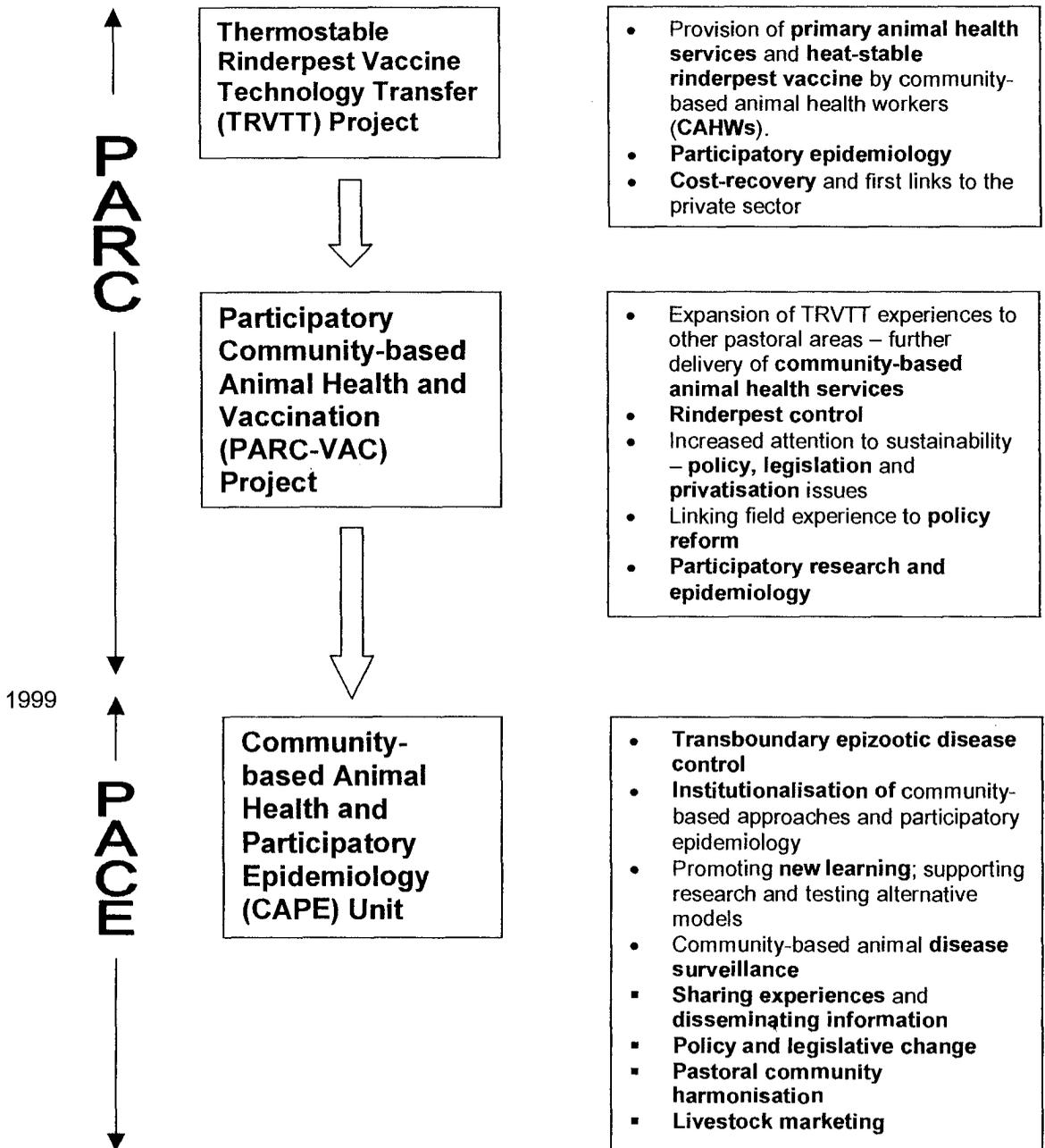
- ***The Participatory Community-based Animal Health and Vaccination (PARC-VAC) Project***

Towards the end of the TRVTT Project, a new project was designed to further develop community-based delivery systems. The new project was also closely associated with PARC and was called the **Participatory Community-based Animal Health and Vaccination (PARC-VAC) Project**. The PARC-VAC project continued to support rinderpest control in pastoral areas, but also began to look more closely at the long-term sustainability of community-based animal health services. In an era of veterinary privatisation in Africa, PARC-VAC worked with a range of governmental, non governmental and private sector players to consider options for more appropriate **policy and legislative frameworks** for CAHWs. Also, there was a need to encourage government and NGOs to support far greater **private sector involvement** in the supply of veterinary medicines to CAHWs and ensure

Institute for Environment and Development IIED), PARC-VAC also supported studies on the reliability and validity of participatory appraisal methods for use in veterinary epidemiology.

The **Community-based Animal Health and Participatory Epidemiology (CAPE) Unit** evolved from the TRVTT and PARC-VAC projects and was established in January 2001. The unit is a component of the Pan African Programme for the Control of Epizootics (PACE) within OAU/IBAR. The PACE Programme began in November 1999 and is due to end in 2004.

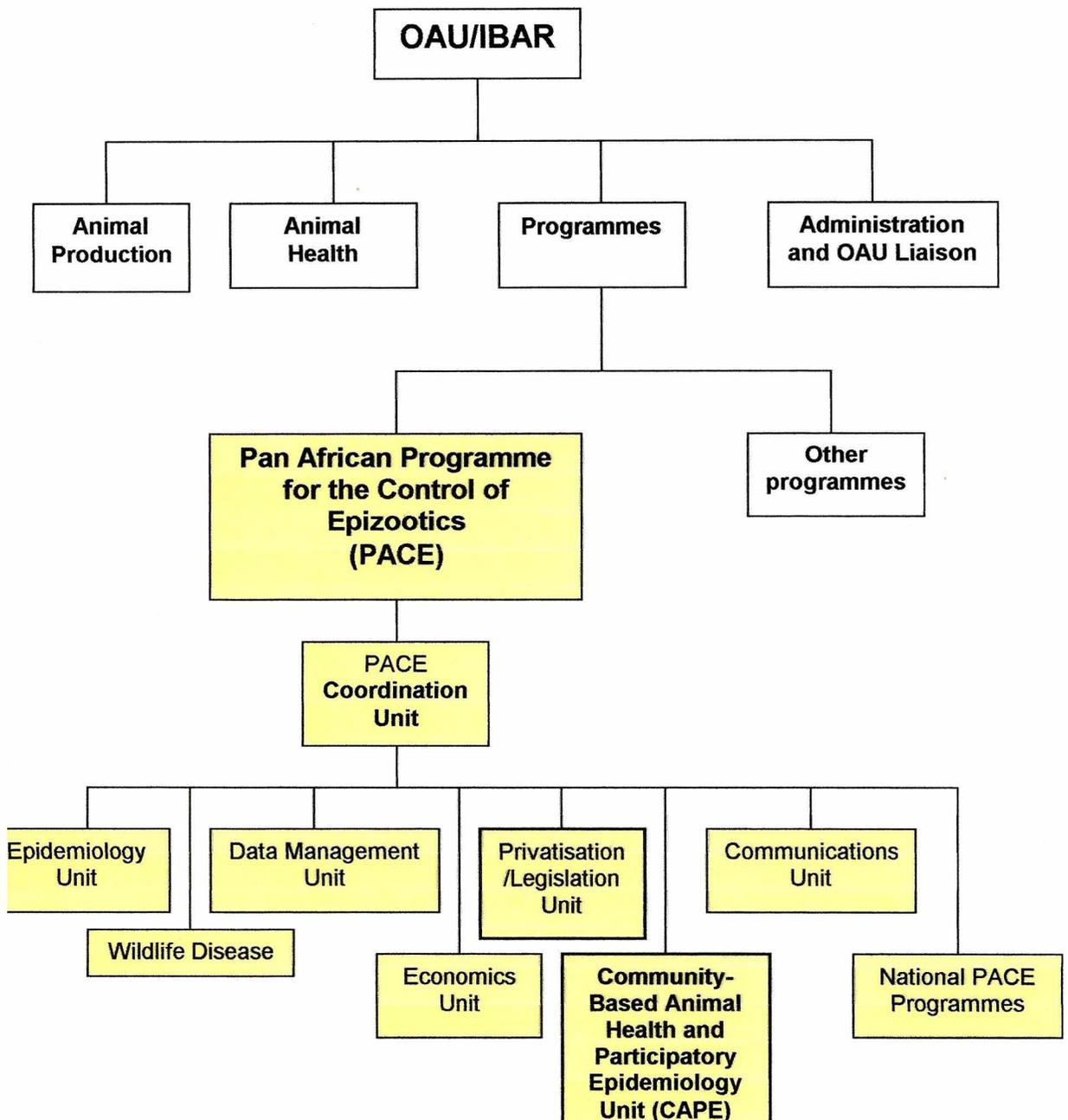
The Origins of the Community-based Animal Health and Participatory Epidemiology (CAPE) Unit



CAPE's position in the Pan African Programme for the Control of Epizootics

The Pan African Programme for the Control of Epizootics (PACE) covers 32 African countries. The main outputs of PACE are:

1. Reinforcing animal epidemiology services (information, diagnostics and follow-up) and control of major animal diseases in the participatory countries.
2. Greater privatization of veterinary services and public/private sector linkage in the field.
3. Rinderpest eradicated from Africa; greater control of other epizootic diseases, especially CBPP.
4. At pan-African level, sustainable co-ordination of national animal health systems and arrangements for tackling epizootic diseases set up.



Within OAU/IBAR in Nairobi, the PACE Programme comprises six technical units:

- Epidemiology Unit
- Data Management Unit
- Economics Unit
- Privatisation and Legislation Unit
- Communications Unit
- CAPE Unit

This structure enables CAPE to draw on technical support from other PACE Units and offer support in the area of community-based delivery systems. Together with the other technical units of PACE and national PACE programmes, CAPE is coordinated by the PACE Coordination Unit in OAU/IBAR.

The Outputs of CAPE

The CAPE Unit is operational at both field-level and policy level. This scope of operations, plus linkages to PACE and OAU/IBAR, enables CAPE to transfer field experiences to a range of stakeholders including national veterinary services, veterinary schools, research institutes, private practitioners, international livestock agencies, NGOs and CBOs.

The unit's strategy and activities are based on five main outputs:

- **Development of primary-level veterinary services in pastoral ecosystems**

The further development of basic veterinary services in pastoral areas is an important output of the CAPE Unit. This output acknowledges that although much useful experience has been gained from NGO projects and PARC, further work is required to expand community-based delivery systems and ensure quality in CAHW selection, training, monitoring and supervision. There are also opportunities to further link CAHWs to private veterinary practitioners to improve the long-term financial viability of community-based delivery systems.

This output is intended to create self-sustaining animal health care systems in pastoral areas that are capable of controlling epizootic diseases through vaccination, surveillance or other means (depending on the disease in question). CAPE will work with veterinary epidemiologists to further develop community-based disease surveillance systems and explore linkages between participatory and quantitative epidemiology.

- **Promoting policy changes and legislation to create an enabling environment for community-based animal health services**

A key sustainability issue for the CAPE Unit is the creation of policies and legislation to fully support community-based delivery systems. In some areas, CAPE aims to support change processes that are already underway and enable national veterinary services to assess the impact of policy reform. In other areas, policy reform can be initiated and facilitated by CAPE. During this process, CAPE will encourage country-to-country learning by enabling policy makers from different countries to share experiences. CAPE will also provide practical support to veterinary boards, such as assistance with redrafting specific veterinary acts and legislation.

- **Supporting new learning for policy change**

Much of the experience with community-based delivery systems in pastoral areas resides with NGOs rather than policy makers. The CAPE Unit will collate existing information in order to inform policy makers and identify gaps in knowledge. CAPE will also support new learning by creating better linkages between NGOs, the private sector and government. Via support to teams of national policy makers, CAPE will also facilitate impact assessments with a view to generating data that will feed into the policy reform process. Literature related to policy change will be produced for both formal and informal publication.

- **Information dissemination**

Much of the information on community-based delivery systems is located in the informal literature and NGO reports. CAPE aims to improve the dissemination of these experiences by circulating existing reports and supporting networks for the transfer of emerging literature to policy makers, veterinary schools, research institutes, NGOs and other stakeholders. Information on community-based delivery systems will be made available on the OAU/IBAR website. CAPE will also support workshops and conferences to enable field workers, researchers and policy makers to share and discuss lessons learned.

- **Strengthening regional capacity**

The outputs summarised above will assist OAU/IBAR to develop capacity to promote changes in formal and informal institutions that shape service delivery in pastoral areas. CAPE can also provide specific change management support to OAU/IBAR

The Five Target Ecosystems of CAPE

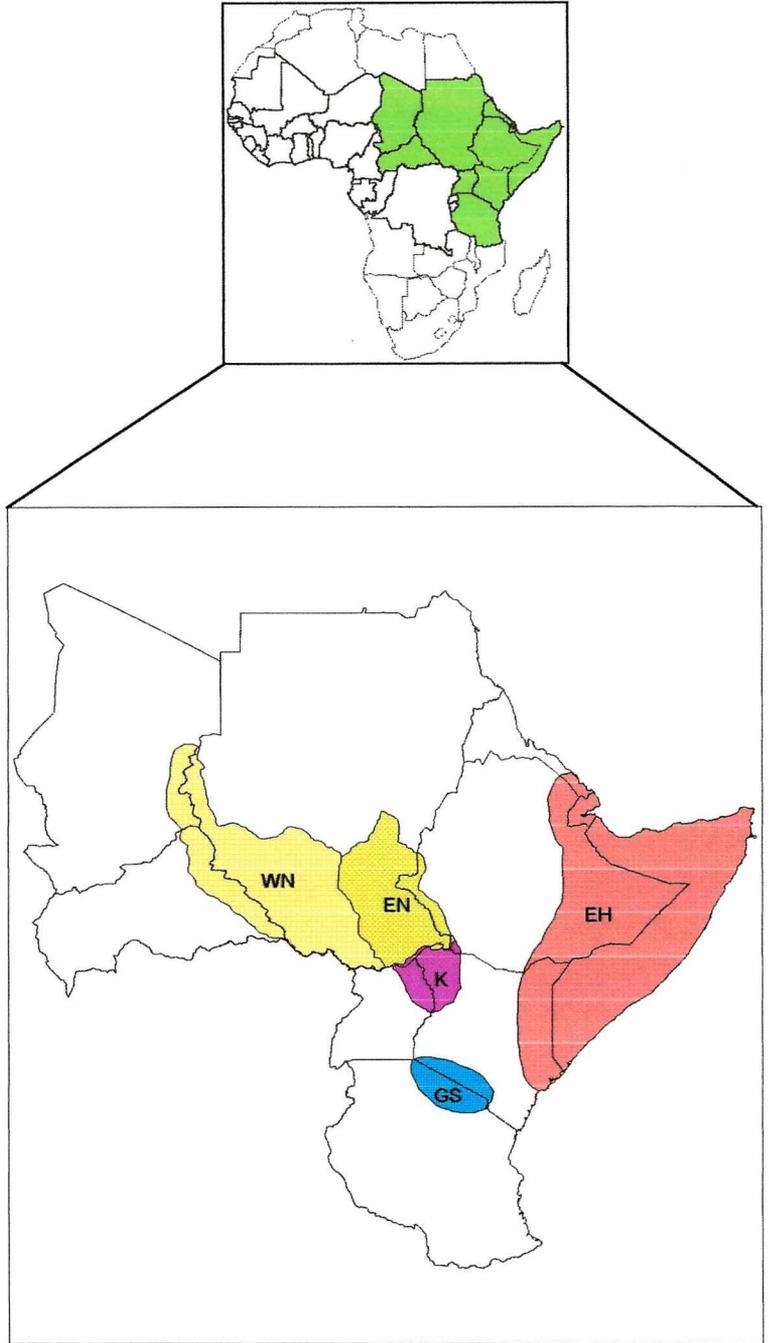
The CAPE Unit focuses in five pastoral ecosystems that span nine countries, including regions in Central African Republic, Chad, Uganda, Sudan, Kenya, Tanzanian, Ethiopia, Eritrea and Somalia. A key factor when selecting the five ecosystems was the presence or threat of rinderpest and other transboundary epizootic diseases. In all the selected ecosystems, there are opportunities for improving veterinary service provision by support to community-based delivery systems.

CAPE activities are not confined to these ecosystems. In collaboration with other PACE units and PACE National Projects, CAPE also works in West Africa.

CAPE Partnerships

The CAPE Unit will continue to build on the partnerships with national veterinary services, international NGOs and local NGOs, and donors established by PARC-VAC. The unit also plans to develop new links with other actors, such as veterinary schools, research institutes, OIE and FAO.

The Five Main Pastoral Ecosystems of the CAPE Unit



- Key:
- EH East Horn of Africa
 - GS Greater Serengeti
 - K Karamojong Cluster
 - EN East Nile
 - WN West Nile

Further information

For further information about the CAPE Unit please contact us at:

CAPE Unit

OAU/IBAR/PACE

PO Box 30786

Nairobi

Kenya

Tel: +254 2 226447//240591/334550/226651/251517

Fax: +254 2 253680/226565

E-mail: CAPE.PACE@bigfoot.com

Acknowledgements

Funding for the TRVTT and PARC-VAC projects was provided by the Office for Foreign Disaster Assistance (OFDA), United States Agency for International Development (USAID).

The main donor for the CAPE Unit is the Department for International Development, United Kingdom. Additional support is provided by OFDA/USAID and the European Commission. The CAPE Unit receives technical assistance from the Feinstein International Famine Centre, Tufts University, USA.