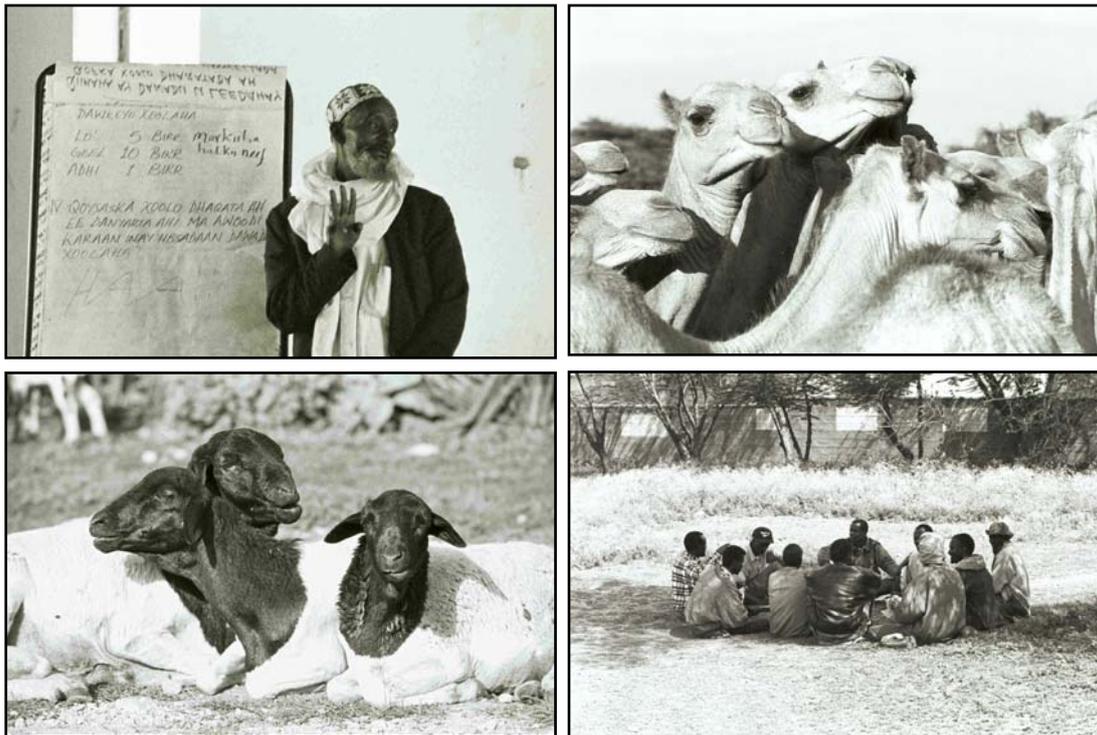


# STAKEHOLDER WORKSHOPS ON VETERINARY SERVICE DELIVERY IN THE SOMALIA NATIONAL REGIONAL STATE, ETHIOPIA

## JIJIGA, FIK, SHINILE AND DEGEHABUR ZONES

SUMMARISED ENGLISH VERSION



12TH -15TH AUGUST 1997

Save the Children UK-Regional Bureau of Agriculture  
Veterinary Services Support Project  
Somali National Regional State

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## Abbreviations

CBPP/CPPP	Contagious bovine/caprine pleuropneumonia
MoA	Ministry of Agriculture - veterinary service
PARC	Pan African Rinderpest Campaign
SERP	South East Rangelands Project
SCF	Save the Children Fund (United Kingdom)
SNRS	Somali National Regional State

## ACKNOWLEDGEMENTS

The following people acted as organisers, facilitators or translators for the workshops:

Dr.Mohammed Sh.Saiid	Mohamud Ismail Jibreel
Dr.Mohammed Ali Farah	Yusuf Ahmed Roble
Dr.Ahmed Sh.Mohammed	Howa Adan Ducale
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## Veterinary Services Support Project, Somali National Regional State - Stakeholder Workshops

### 1.0 INTRODUCTION

The Veterinary Services Support Project (VSSP) is a joint project of Save the Children Fund (UK) and the Regional Bureau of Agriculture in the Somali National Regional State, Ethiopia. The project is funded by the Department for International Development, United Kingdom.

Initially, the VSSP aimed to work with senior personnel in the Regional Bureau of Agriculture and regional administration in order to understand the various options for improving veterinary service delivery in the SNRS. A regional Steering Committee on Veterinary Service Delivery was established with responsibility for defining policy on veterinary service delivery in the SNRS and linking regional policy with national policy. Project implementation was the responsibility of a technical committee comprising veterinarians from the MoA and SERP, and representatives from the Bureau of Planning, Disaster Preparedness and Prevention Bureau and SCF(UK).

In order to set policy, the Steering Committee required up-to-date information on veterinary services in the SNRS. Therefore, the technical committee conducted a situation analysis on veterinary services and organised stakeholder workshops to cover representative areas in the SNRS. The workshops aimed to discuss the existing situation with respect to veterinary services in the SNRS and understand ways of improving the service from the stakeholder viewpoint. At the time of the workshops the two main providers of state veterinary services in the SNRS were the Ministry of Agriculture (MoA) and the South East Rangelands Project (SERP). The latter was administered by the regional authorities and was due to end in 1998.

This report summarises the methods and findings from stakeholder workshops on veterinary service delivery conducted in Jijiga 12th to 15th August, 1997. A more detailed Somali version of the report is also available.

### 2.0 WORKSHOP PARTICIPANTS AND METHODS

Two stakeholder workshops on veterinary service delivery were conducted, one workshop for Jijiga and Degehabur zones (12th-13th August) and one workshop for Shinile and Fik zones (14th-15th August). Stakeholder groups and numbers of participants were as follows:

<i>Stakholder group</i>	<i>Workshop 1 Jijiga and Degehabur - number of participants</i>	<i>Workshop 2 Fik and Shinile - number of participants</i>	<i>Total number of participants</i>
Livestock owners	23	27	50
Elders	8	12	20
Religious leaders	6	7	13
Women	11	9	20
Traditional healers	8	8	16
Drug vendors	5	0	5
Livestock traders	13	6	19
Government veterinary personnel	15	6	21
Total	89	75	164

Note that all stakeholder groups, not just "Livestock owners" could own livestock. The "Livestock owners" category were pastoralists or agropastoralists who did not fit into the other stakeholder groups.

## **Veterinary Services Support Project, Somali National Regional State - Stakeholder Workshops**

Workshop timetable:

### *Day 1*

- am      Workshop opening by Jamal Bar, SNRS Regional Administration  
Poem by Mohamud Tukaale Osman  
Introduction to workshop  
Presentations:
- History of Veterinary Services in Africa and Recent Developments
  - Update on EU Veterinary Services Support Project in Somalia
  - Existing Veterinary Services in the Somali National Regional State

Full details of information presented on the above three topics can be found in Veterinary Services in the Somali National Regional State: A Situation Analysis (1997), SCF(UK) Veterinary Services Support Project, Jijiga.

pm      Discussion groups: Discussion group topics during the workshops included the following:

- What are the strengths of existing veterinary services?
- What are the weaknesses of the veterinary services?
- What is the role of traditional veterinary practice in the SNRS?
- What is the role of women and children in treating sick livestock?
- How does animal disease affect the sale of livestock in the market?
- What is the value of veterinary services to the livestock owner? (Including: Can "poor" people pay for veterinary services?)
- What are the opportunities for improving veterinary services in the SNRS?
- What are the threats/dangers to changing the existing system?
- What credit systems (formal and informal) are used in the SNRS?

Discussion group facilitators included community development workers from SCF(UK), an extension worker from SERP and veterinary personnel from the Ministry of Agriculture and SERP. The SCF(UK) staff were trained in participatory appraisal methods and regularly used these methods during their routine field work. Two veterinary staff had also been trained in participatory methods. All facilitators except one were native Somali speakers.

For each discussion group a checklist of questions and issues was prepared. Discussions were based on the identification of key issues related to a particular topic followed by the use scoring or ranking tools in order to facilitate further discussions. In particular, proportional piling was used to understand the relative importance of items, issues or services.

At the end of each discussion every group was asked to nominate one or more persons to present the content and findings of their discussion to the rest of the participants. The groups then had to prepare their presentations for the following day.

## **Veterinary Services Support Project, Somali National Regional State - Stakeholder Workshops**

### *Day 2*

am Presentations from discussion groups

pm Final session:

What have the participants learnt from the workshop? Prioritise lessons learnt.

What action should be taken as a result of the workshop?

Who should take action?

Summary and close

### **3.0 POEM BY MOHAMUD TUKAALE OSMAN**

Mohamud Tukaale Osman is a famous Somali poet and actor. Somali culture is oral and poetry is widely used for creative expression, to pass messages and to introduce or summarise meetings. Tukaale was asked to prepare a poem or narrative that would introduce the theme of the workshop to the participants. The poem is based on a pastoralist with sick animals who considers the options for treating them, but ends up asking the workshop participants for help and advice.

~~~~~

Oh people we are astonished and experiencing the worst problem ever encountered!  
The animals we rear, the source of our richness,  
Are endangered by contagious and epidemic diseases,  
About to erase our wealth.  
Just now a score of my own livestock fell victim and died,  
And worst still, sixty more lie nearby suffering from weakness and pain,  
Seriously sick at the homestead, unable to graze this morning.  
Alas! There is nothing for me to do but seek emergency help.  
Let me go to the men of religion.

Oh knowledgeable men of religion and priests with big turbans!  
Make chants and rituals from the stars or books,  
Search for a remedy and spell out your charms,  
Prepare an amulet and I'll tie one on each head,  
Sprinkle balsamic water over them,  
And surely the disease will disappear and the animals recover,  
With these prayers, all will become perfect.

But wait! Think again. This is a crisis and prayers will help,  
But God urges us to try even harder,  
So let me seek another option.  
For surra that kills camels, the bloat of sheep and the rinderpest,  
And the sickness that ruins donkeys and forces mules to secrete mucus,  
With its fever the horses cry and instantly die - all of them!  
The traditional healers are experts in livestock,  
Let me seek a practitioner to compliment the prayers.

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But wait! Think again of this outcome.  
Suppose he sets a fire and heats an iron rod,  
And when it is awfully hot, he may cauterise with herbs,  
Causing the skin to fry, the flesh to contort and the body mutilated,  
With wounds that may fester and if left alone,  
Cause the animals to perish, then we will fight each other in battle,  
Thus all my efforts may lead me to crime - better to look somewhere else.  
To the servants of science, let me search for the doctors,  
Who know the fatal disease of the animals and can easily diagnose,  
And with the medicines they know, can quickly reach the solution.

But wait! Think again.  
Even if the doctor can come with pleasure, even as a favour,  
And renders all his efforts, without drugs and a car from the government,  
What can he do? My place is remote and the doctor is townfolk,  
Who has never even crossed the valley from his home,  
I'm sure he'll become tired. Will I carry him on my shoulder?  
But let's not give up with this idea, I must try more.  
I know - let me take a calm and tame camel, and find a saddle  
To furnish his hump, with padding on each side,  
And a shade from the sun, so the doctor sits comfortably on him,  
Then take the rope and lead the camel easily to my place,  
Where the doctor can treat the animals.  
And then myself being in debt, should kill a bull,  
And give him fresh milk, and butter, and serve him with a clean cup,  
So he can enjoy and take rest and refreshment.

But calm down and wait! Think again over all this.  
The doctor is pampered townfolk, he never rides the camel,  
And he knows not the rural area, nor distinguishes a lion from a bull!  
Supposes he assumes the camel a beast? Or gets confused, yelping "Help"  
Causing the camel to panic and stampede, flinging the man from his back,  
And on to a rock, smashing his brain.  
Even this accidental death would be the worst thing for me to incur,  
Becoming a victim of vengeance and ever-lasting retribution,  
And claims for blood-money, a heavy price to pay.  
Oh God I'll never defy you - save me from this!  
And let me seek another option.

The opportunists who grow rich from the livestock drugs  
Imported from abroad, their stores stocked to the brim,  
Why not seek the medicine from them and buy with dollars?  
Try to use the syringes and learn about the injection,  
And the powders to be mixed with water.  
Why shouldn't I use the medicines and pour them into the trough  
To treat the sick animals? Why not?  
Curse to fools, why should I seek a doctor?

But the merchant loves money and strives to make profit,  
An opportunistic foe, he shows no mercy for the rural people,  
And of the modern drugs, I know not the expiry dates,  
how to mix the injection, or even read the label.  
I am completely ignorant of it!  
For the powdered medicine to be mixed with the water,  
The merchant may defraud me, and wrongly wrap for me in a paper,  
The poison for hyenas and beasts.  
If I pour this into the water, and the animals drink,  
Then may swell and stagger,

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And all will be killed.  
 This is like suicide, I will be ruined and poor.  
 Leave this idea, don't mention it again.

- I am tired and frustrated
- Of the livestock vet services
- All the options I preferred
- And wanted to try
- All proved to be bewildering
- And one worst than the other
- I have knocked every door
- And failed everywhere
- Oh people advise me
- How can I obtain
- The best vet service?

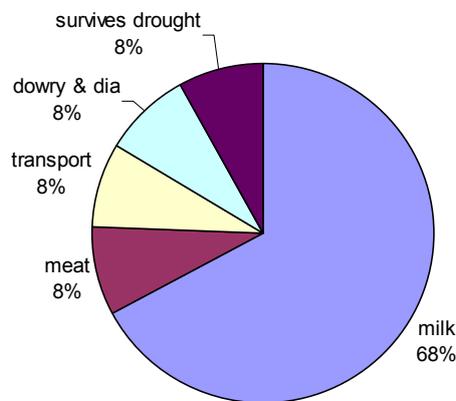
(translation by Said Hassan Adan)

**4.0 RESULTS OF DISCUSSION GROUPS**

Where possible the results of discussions from the two workshops are presented together in order to ease comparison between the views of stakeholders from different areas.

**4.1 The main benefits and diseases of livestock**

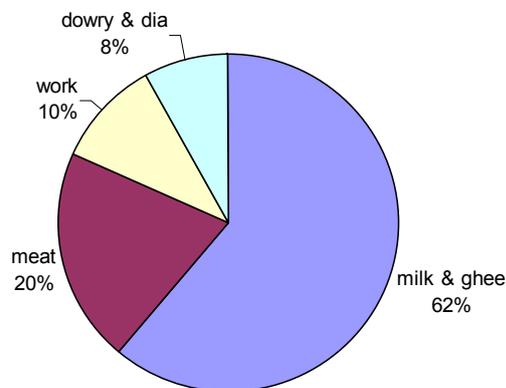
The benefits from livestock



Camels

Diseases which livestock affect the benefits

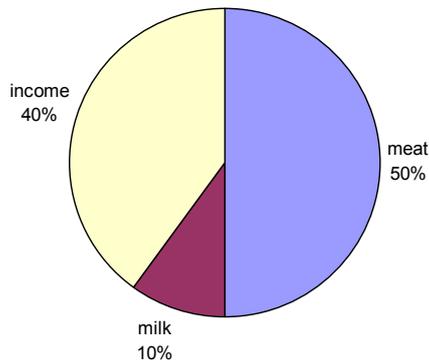
| Disease score | Score |
|---------------|-------|
| Anthrax       | 40    |
| Surra         | 35    |
| Mange         | 15    |
| Worms         | 10    |



Cattle

| Disease score | Score |
|---------------|-------|
| Rinderpest    | 50    |
| CBPP          | 30    |
| Blackleg      | 10    |
| Worms         | 10    |

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| Disease score       | Score |
|---------------------|-------|
| Tick borne diseases | 50    |
| CCPP                | 50    |

Sheep & goats

(method: proportional piling with men)

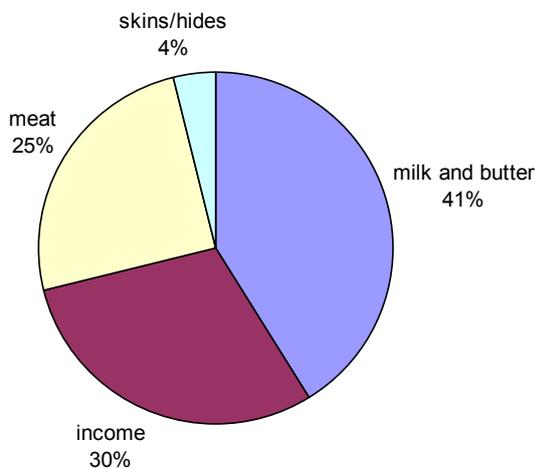
**4.2 The role of women in animal health care and options for treating sick livestock.**

These discussions began with the women describing their role in caring for livestock:

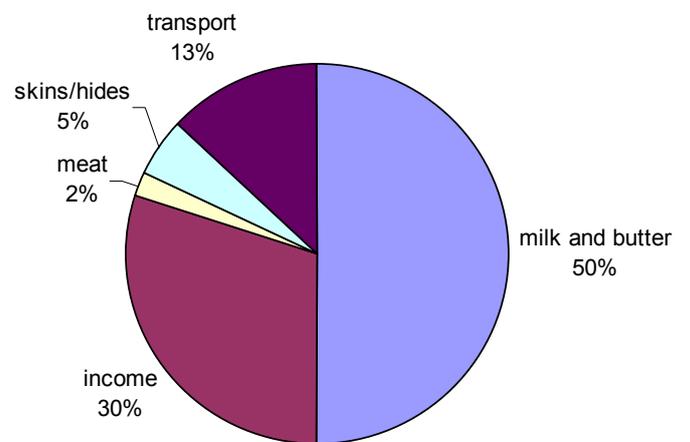
- act as midwives for the animals and remove the afterbirth.
- take care of the newly-born animals and at night they check that young animals are not smothered by bigger stock.
- they manage the young stock with respect to grazing
- they supervise the herding performance of the children and check that livestock are taken to areas with enough pasture.
- they closely follow-up the health of the livestock and identify the sick animals for treatment.
- milk the livestock.
- they remove thorns from the livestock
- they remove ticks from the livestock
- clean dung from the enclosures
- water the animals
- trim the hooves of animals when they become overgrown

Proportional piling was then used to understand the women's perceptions of livestock-related benefits for themselves and for children.

**Women's views on the benefits of livestock**



Jijiga and Degehabour groups



Fik and Shinile groups

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Both groups of informants stressed that the main benefit from livestock was milk. When asked to name the livestock diseases which were most serious in terms of reduced milk production, the following diseases were named:

### **Important diseases of livestock named by women**

|                 | <u>Jijiga and Degehabur groups</u> | <u>Fik and Shinile groups</u>                            |
|-----------------|------------------------------------|----------------------------------------------------------|
| Camels          | dhukaan (surra)<br>kud (anthrax)   | dhukaan (surra)                                          |
| Cattle          | iteyse (blackleg)                  | sambab (CBPP)<br>dabakaruub (rinderpest)                 |
| Sheep and goats | soo guduud (unknown)               | hulumbe (tick-borne disease)<br><br>soo guduud (unknown) |

When their animals become sick the women took the following action, in order of priority:

|                                                            | <u>Jijiga and Degehabur</u> | <u>Fik and Shinile</u> |
|------------------------------------------------------------|-----------------------------|------------------------|
| They pray to seek the help of God and they read the Koran. | 1st                         | 1st                    |
| They try to buy drugs from the market.                     | 2nd                         | 3rd                    |
| They try traditional healing methods.                      | 3rd                         | 2nd                    |

The women did not mention the MoA or SERP veterinary service as an option for treating sick livestock. When asked specifically about the private system, the benefits were thought to be the good availability and "easy access" of drugs and their high effectiveness. The disadvantages of the private drug sellers were that they had no knowledge about the drugs and overdosed animals might die.

### **4.3 The role of traditional medicine verses modern medicines for livestock diseases.**

These discussions began with a comparison of the different options which were available for treating sick animals, prompted by the question "What do you do when your animals become sick?". The four options named by informants in both workshops were use of the Koran, traditional remedies, private drug sellers and the MoA/SERP. Traditional livestock treatments included the use of plants **geed**, cautery **gubis**, soups **maraq**, and inhalation of smoke or vapours called **uumis**. For informants from Jijiga and Degehabur these four options were ranked as follows:

#### **Ranking of options for treating sick livestock**

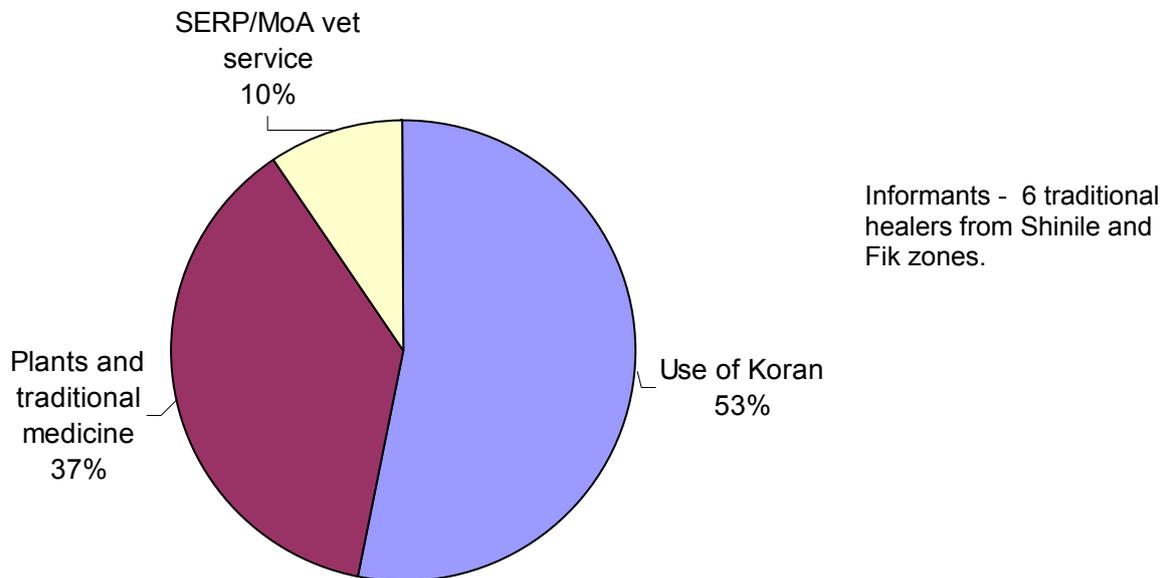
|                     | Informant       |     |        |                 |       |      |      |
|---------------------|-----------------|-----|--------|-----------------|-------|------|------|
|                     | M'med           | Ali | Hassan | Gadny           | Dahir | Omer | Omer |
| Koran               | 1st             | 1st | 1st    | 1 <sup>st</sup> | 1st   | 1st  | 1st  |
| SERP or MoA         | 3rd             | 3rd | 3rd    | 3 <sup>rd</sup> | 3rd   | 4th  | 3rd  |
| Private trader      | 4th             | 4th | 4th    | 4 <sup>th</sup> | 4th   | 3rd  | 4th  |
| Traditional methods | 2 <sup>nd</sup> | 2nd | 2nd    | 2 <sup>nd</sup> | 2nd   | 2nd  | 2nd  |

(informants - 7 traditional healers from Jijiga and Degehabur zones)

With informants from Shinile and Fik zones, a proportional piling of the four options for treating livestock was conducted:

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### What do you do when your animals become sick?



The scoring and ranking produced similar results in the two workshops. The use of Koran to treat sick livestock was always ranked or scored first because it was used in combination with all the other methods. Options in order of importance were traditional remedies, SERP/MoA veterinary service and finally, private veterinary drug vendors.

In the first workshop for Jijiga and Degehabur, the results of the ranking were used to prompt discussion on the different treatment options. The following points emerged:

- All informants felt that although traditional methods were commonly used, modern methods (when they were available) were more effective.
- People who have traditional knowledge may not tell other people because if their advice or treatment is unsuccessful, it may cause a quarrel.
- Nowadays people use traditional methods less because they are always seeking the easy option. Also, some plants are difficult to find and some are no longer available because of changes in climate and vegetation.

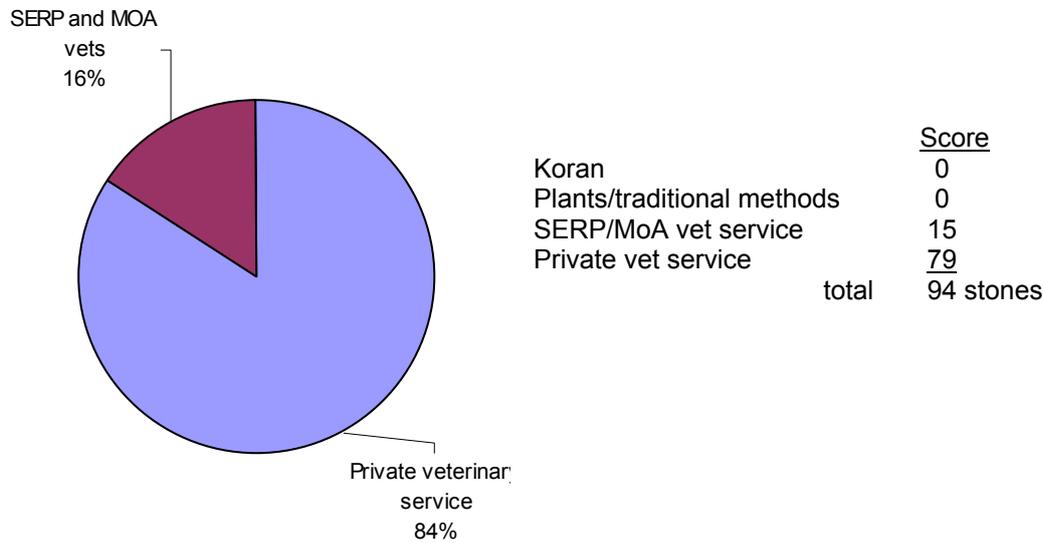
The question was then asked, "*How can we improve the traditional system for treating livestock?*"

- Answers:
- organise workshops for the traditional healers so they can share knowledge
  - produce information materials on traditional treatments and show them in vet pharmacies
  - produce a book on traditional treatments in Somali
  - if they receive some help the traditional healers can form associations at district level

In the second workshop for Fik and Shinile, a more open question was used regarding the improvement of the four options for treating animals - "*Which of these different systems should we try to improve?*", and proportional piling was used again to score the options in terms of a need for improvement.

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**Preferences for improving veterinary services**



When asked to justify this scoring the informants said:

*"The man who sells the medicine makes a profit, so the system will work. He cannot sell the expired drugs because he needs to make a good business."*

*"SERP never reaches us or if it does come, it brings the expired drugs or problems. The private people can manage the drugs better than the government."*

The informants were asked to consider what might happen if a strong private veterinary service developed and traditional knowledge and skills were lost.

*"If the modern drugs prove to be more effective than the traditional ways then it doesn't matter if the traditional knowledge is lost. We will change and will benefit from the new system."*

*"We can manage the preservation of the traditional knowledge. Every area has people who know the traditional medicines and these people pass their knowledge to their children - the knowledge will not disappear. There is a medicinal plant on the ground right in front of us - can you see it? You do not know it but everyone of us knows it even if we choose not to mention it to each other".*

*The traditional skills will always be with us because some diseases can only be treated by traditional methods. For example, the disease gudaan (twisted neck syndrome) in camels can only be successfully treated by our method of burning the neck of the affected animal<sup>1</sup>. Other diseases which can only be treated by traditional methods are gidir, mull, garabayro and dhaf shalaalo".*

**4.4 The views of livestock traders on losses caused by livestock diseases and options for treating sick livestock.**

An important part of the diet of Somali pastoralists is grain. Grain is usually acquired through the direct exchange of livestock or by the sale of livestock for cash which is then used to buy grain. The importance of livestock as a source of income is reflected in sections 4.1 and 4.2. Due to the

<sup>1</sup> The aetiology of twisted neck syndrome in camels remains unknown, as does a rational "modern" treatment.

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importance of animals as saleable assets, livestock traders were used as key informants for discussions on the most important diseases which affected the sale value of livestock.

For each type of livestock, the traders were asked to name the most important disease which could affect the price of livestock in the market. The informants were then asked to quantify the reduction in sale value which might be associated with each disease. Note that this system of inquiry is hypothetical because in practice, sick livestock are not taken to markets. The results are shown overleaf.

It was explained by the informants that different diseases had different effects. Some tick-borne disease such as Nairobi sheep disease (hulumbe) and other diseases such as contagious pleuropneumonia (sambab) and blackleg (iteyse) might cause the death of an animal whereas other diseases such as helminthiasis (caal) and surra (dhukaan) made the animals thin and the meat quality was poor. Other diseases affected the skin of the animals.

### *Traders' perceptions of reductions in livestock value as a result of disease*

| Livestock type | Value (Eth.birr) | Main diseases affecting value | Reduction in value (Eth.birr) | Reduction in value as % |
|----------------|------------------|-------------------------------|-------------------------------|-------------------------|
| Cattle         | 1000             | Bovine ephemeral fever        | 400                           | 40%                     |
|                | 1000             | Foot rot/foot injury          | 300                           | 30%                     |
|                | 1000             | Foot and mouth disease        | 150                           | 15%                     |
| Camels         | 1200             | Respiratory disease           | 700                           | 58%                     |
|                | 1400             | Trypanosomiasis               | 600                           | 43%                     |
|                | 800              | Helminthiasis                 | 300                           | 37%                     |
|                | 1200             | Abscesses                     | 300                           | 25%                     |
|                | 1200             | Mange                         | 120                           | 10%                     |
| Sheep & goats  | 200              | Tick-associated disease       | 160                           | 80%                     |
|                | 150              | Helminthiasis                 | 75                            | 50%                     |
|                | 200              | Foot rot/foot injury          | 60                            | 30%                     |
|                | 200              | Pox diseases                  | 20                            | 10%                     |

(Table combines discussions with informants from Jijiga, Degehabur, Fik and Shinile zones)

The traders were then asked to explain their current options for treating sick livestock and score these options in order of importance:

|                              | Informants from<br>Jijiga and<br><u>Degehebur</u> | Informants from<br>Fik and<br><u>Shinile</u> |
|------------------------------|---------------------------------------------------|----------------------------------------------|
| Drugs from private traders   | 75%                                               | 95%                                          |
| Traditional remedies         | 20%                                               | 0%                                           |
| SERP/Ministry of Agriculture | 5%                                                | 5%                                           |

Finally, the traders mentioned the following benefits which would occur if private vet drug suppliers were supported:

- increased availability of large quantities of drugs
- reduction in livestock diseases
- increase in livestock population

The group also said that problems would occur if drugs were handled by people without proper knowledge.

#### **4.5 Weaknesses of veterinary services?**

## Veterinary Services Support Project, Somali National Regional State - Stakeholder Workshops

Informants - Jijiga and Degehabur livestock owners:

1. The veterinary medicine provided the MoA is more expensive than the medicine from the private system.
2. The veterinarians are not willing to walk to places where the disease outbreaks occur. Veterinarians make little effort to medicate the livestock until they get transport.
3. The vaccination, especially for diseases like anthrax and blackleg is not conducted at regular intervals.

Suggestions:

1. Most of the veterinarians are men who do not know the culture of the livestock owners so we suggest that they should be replaced by Somali workers who know the culture.
2. We need to select and train paravets throughout the region who can walk to remote places to provide veterinary services.
3. The MoA has to take action to ensure that the vaccination of livestock occurs on time.

### 4.6 Ability and willingness to pay for veterinary services

The discussions on payment for veterinary services included the participants' definitions of wealth groups as follows:

#### **Definitions of wealth and poverty**

| Wealth category                                        | Livestock holdings |        |        |
|--------------------------------------------------------|--------------------|--------|--------|
|                                                        | Sheep & goats      | Cattle | Camels |
| Rich ( <i>malqabeen</i> , "can donate" e.g. livestock) | >100               | >80    | >100   |
| Medium ( <i>danyar</i> , "self-sufficient")            | 60-90              | 15-30  | 20-35  |
| Low ( <i>sabool</i> , "needy")                         | <50                | <10    | <15    |
| Lowest ( <i>barlaawe</i> , "asks others for help")     | <10                | <5     | <10    |

When considering the lowest wealth group *barlaawe* the following "fair" prices for medicines were suggested: Eth.birr 10 to treat a camel; Eth.birr 5 to treat a cow; Eth.birr 1 to treat a sheep or goat. The workshop also revealed some traditional systems which were used to assist less wealthy people, such as alms-giving, loans of livestock and gifts. It was suggested that these systems would also be used to obtain drugs and that the relative benefit of treating sick livestock increased as livestock holdings decreased.

Further discussion included reference to various Somali proverbs such as "*A camel or cow cannot be divided*" to illustrate the point that small ruminants were convenient units for sale to acquire cash for important items, such as vet drugs. The other main finding from these discussions was that people were willing to pay for drugs and vaccines rather than diagnosis or other services.

## Veterinary Services Support Project, Somali National Regional State - Stakeholder Workshops

### 4.7 Opportunities for improvement and possible risks

Informants - veterinary staff from both workshops.

1. The advice of the veterinarians should be accepted and their knowledge and capabilities should be used efficiently.
2. The rules and regulations of the government should be followed.
3. NGOs should provide free veterinary drugs
4. A committee should be established to monitor the performance of the private and government vet services and to avoid duplication of work.
5. The government vets can only join the private system if the government stops importing the veterinary drugs.
6. The number of vets in the region is small. Therefore, these vets should also continue to work for the government while being involved in the private system.
7. The private vets should cooperate with the government in the areas of disease prevention, diagnosis, vaccination, quarantine and early-warning.
8. The veterinarians require a minimum credit of Eth.birr 50,000 without collateral payments, as they do not have assets at the present time. The vets can borrow Eth.birr 5,000-10,000 from one creditor.
9. The tasks of the government and that of the private sectors will be independent to avoid competition.
10. The vet drugs which are stored in SERP and MoA warehouses should be sold to veterinarians who are planning to start the privatisation.

### Risks and problems which may arise from the privatisation of veterinary services

The risks and problems of privatisation of curative veterinary services are illustrated overleaf. The most important risks/problems were:

|                                                                                 | <u>Score</u> |
|---------------------------------------------------------------------------------|--------------|
| • Difficulties in ensuring direct community participation in the private system | 25.          |
| • Competition between the government, contraband drugs and private vets         | 20           |
| • Poor knowledge of correct drugs usage among livestock owners                  | 16           |
| • Transport of drugs to rural areas                                             | 10           |
| • No more government service                                                    | 10           |
| • Black market                                                                  | 8            |
| • Increase in drug prices                                                       | 7            |
| • Theft                                                                         | 2            |
| • Failure to follow rules and regulations                                       | 2            |

The solutions to the problems were as follows:

1. To get skilled workers who can train paravets in the rural areas throughout the region. This work should be conducted by the NGOs and government.
2. To establish a system for the provision of vet drugs to private vets on a loan basis. This activity should be conducted by committees nominated by the government.

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3. To ensure importation of good quality drugs - a role of the government.
4. The government should stop selling vet drugs in order to encourage the private sector.
5. Smuggling and contraband should be prohibited.
6. Conditions for veterinary staff to participate in the private sector should be simple and straightforward.
7. To establish groups of veterinarians and animal health assistants who work with communities.
8. SCF and the government should plan which drugs should be imported.
9. Reasonable prices for vet drugs should be fixed with respect to changes in market prices.

### **4.8 Systems of credit for veterinarians**

The workshop presentations on the first morning of Day1 included a summary of the credit system used by the PARC III project which provides credit to veterinarians and animal health assistants. The system used is a bank loan from the Commercial Bank of Ethiopia which requires both collateral and equity.

At the start of the workshop group discussions on credit, the informants were asked to consider the different types of credit which were available to veterinarians who might wish to open a private pharmacy or clinic in the Somali region. This types of credit were scored using proportional piling as shown below:

#### ***Relative importance of different types of credit available to veterinarians in the Somali region***

|           | Informants from Jijiga and Degehabur | Informants from Shinile and Fik |
|-----------|--------------------------------------|---------------------------------|
| Relatives | 85%                                  | 64%                             |
| Friends   | 5%                                   | 28%                             |
| Banks     | 5%                                   | 5%                              |
| NGOs      | 5%                                   | 3%                              |

The discussions on credit included recognition that the assets of government veterinarians were likely to be minimal. Livestock assets could not be offered as collateral on a bank loan because livestock could not be insured.

The informants suggested that traditional Somali loan systems i.e. borrowing from friends and relatives, would be available to veterinarians and that it would be better for a vet to open his own business rather than take 1200 birr per month as a government salary. The vets should approach the wealthy people to combine their technical knowledge with the business knowledge of wealthy traders.

Some features of the traditional loan system were:

- According to Islamic law, all loans were interest-free.
- The loan recipient usually requires guarantors such as respected elders or wealthy business people.
- In the event of failure to repay the loan a committee of elders would be formed to investigate the problem. In some cases, the repayment period would be extended and in others the relatives or guarantors of the debtor would repay the loan. Sometimes the debtor would be taken to court.

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The size of the loan depended on the wealth and willingness of the creditor, though approximate sums of 5,000 to 10,000 birr per creditor were mentioned. A borrower might approach several creditors simultaneously, thereby increasing the size of the loan by up to five times or more.

Further comments from the workshop participants included the following:

- A man explained his attempts to acquire a bank loan by using his birkad<sup>2</sup>, valued at Eth.birr 10,000 as collateral. The bank refused the loan saying, "*But your birkad is worthless if it doesn't rain!*"
- A woman suggested that traditional system based on relatives giving loans was becoming tired and better support from banks was needed.
- Regarding the effectiveness of the Somali loan system, it was suggested that in the case of non-repayment, the guarantors will repay the cost in around 90% of cases.

### 5.0 CONCLUSIONS

When summarising the main findings of the workshops it should be noted that any livestock-related event in the SNRS which is organised in association with an aid organisation will raise expectations. Regardless of careful introductions and the skill of the facilitators, the notion that free drugs or other assistance might follow the workshop will always affect the outcome. The other aspect to consider is that private systems are not new in Somali areas where frequently, government services are limited. Resources such as livestock, water and rangeland are either privately owned or subject to inter-clan contracts; traditional koranic teachers receive payments of livestock for their service and in many areas herders buy water from private birkads. In addition, more urban-based workshop participants such as some elders and traders hear regular news of privatisation programmes via the Ethiopian and Somali media.

The main conclusions of the workshop were as follows:

1. At the present time, people tend to rely on traditional veterinary practices and private drug sellers. A summary of various rankings and scorings of options for treating sick animals is shown overleaf. Whereas livestock traders tended to treat animals using veterinary drugs from private sources, other workshop participants tended to rely on traditional treatments. The use of the koran was widespread regardless of whether modern or traditional methods were used. SERP and the MoA were regarded as less important sources of veterinary services. Informants from Fik and Shinile had much less access to private veterinary drug vendors than people from Jijiga and Degehabur. When scoring existing treatment options, the private system received low scores from women, herders and traditional healers from Fik and Shinile zones.
2. Despite the reliance on traditional methods and private drug sellers, the weaknesses of these systems were recognised. Traditional remedies were thought to be less effective than modern drugs and private drugs sellers were thought to have limited know-how on vet drug usage.
3. The workshop participants were very aware of the benefits that livestock provide and the problems caused by livestock disease. Livestock traders were able to relate important livestock diseases to the loss in value of affected animals. These losses are measure of the cost benefit of the use veterinary medicines and vaccines.

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<sup>2</sup> A birkad is used to collect water. They are usually concrete-lined holes positioned at the bottom of slopes to collect rain run-off. Private ownership of birkads and sale of water is extremely common in Somali areas.

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### *Relative importance of current options for treating livestock among stakeholder groups in Jijiga, Degehabur, Shinile and Fik zones*

| Option for treating livestock | Ranking of options by stakeholder groups |                 |                                           |                 |                      |                 |
|-------------------------------|------------------------------------------|-----------------|-------------------------------------------|-----------------|----------------------|-----------------|
|                               | Women                                    |                 | Livestock herders and traditional healers |                 | Livestock traders    |                 |
|                               | Jijiga and Degehabur                     | Fik and Shinile | Jijiga and Degehabur                      | Fik and Shinile | Jijiga and Degehabur | Fik and Shinile |
| Use of koran                  | 1st                                      | 1st             | 1st                                       | 1st             | nm                   | nm              |
| Traditional methods           | 3rd                                      | 2nd             | 2nd                                       | 2nd             | 2nd                  | nm              |
| Private drug sellers          | 2nd                                      | 3rd             | 4th                                       | 4th             | 1st                  | 1st             |
| Government service            | nm                                       | nm              | 3rd                                       | 3rd             | 3rd                  | 2nd             |

#### Notes:

1. nm = not mentioned or ranked by informants
2. Traditional methods include plant-based medicines, cauterly, and soups/broths (see section 6.1).
3. Government service = SERP or MoA veterinary facilities.
4. Regardless of numbers of animal owned, herders were ready to buy veterinary drugs and the value or "fair price" of drugs for specific diseases could be calculated. This information should be viewed in the context of the expectations of free drug provision mentioned at the beginning of this section.
5. The concept of privatised veterinary drug supply was easily understood by the workshop participants. The problems of the existing private supply via unqualified drug sellers were well known but in the face of limited options, people would try their luck with these drugs rather than do nothing.
6. The participants recognised the important role of the government in any future private veterinary pharmacies or clinics. A frequent comment was that the government should ensure that only good quality drugs are made available.

At the end of each workshop the participants were asked to vote on whether or not they supported the idea to develop private veterinary services. Each group of workshop participants voted by a huge majority in favour of the private system. It was explained to the participants that their views, as expressed during the workshop, would be communicated to the Steering Committee on Veterinary Service Delivery for the region.

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### Appendix I: Participants from Jijiga and Degehabur zones

|                                 |                               |                                |
|---------------------------------|-------------------------------|--------------------------------|
| 1 Dr.Ahmed Aidid<br>Mohamoud    | 36 Fedela Nigussie            | 69 Hassen Muse Awale           |
| 2 Dr.Mohamed Ali Farrah         | 37 Abdulahi Nur Alie          | 70 Farah Mohamed Cimri         |
| 3 Ahmed Sheik Adem              | 38 A/Naasir Yousuf<br>Wassane | 71 Feedumo Walayes<br>Waabari  |
| 4 Maxamed Xasan Kidin           | 39 Mahamad Shek Yousuf        | 72 Tahir Maydane Ciye          |
| 5 Mohamed Gulye Tahir           | 40 M/hamed M/hamuud<br>Guleed | 73 Awcebdi Muhed Tarbel        |
| 6 Arduelen Ashine               | 41 Abdirashid M/med<br>Yousof | 74 Cumar Fure Cali             |
| 7 Mequanint Dametie             | 42 Mowllied Sorraan Cabdi     | 75 Mahed Tahir Kahin           |
| 8 Solomon Wibie                 | 43 Cismaan M/mud<br>Awjaamac  | 76 Cumar Maydhane<br>Wabari    |
| 9 Tofik Heiredin                | 44 Mahumod Habor              | 77 Mahamed Aw-Hason            |
| 10 Kebade Kenori                | 45 Sicude Faarah Guuleed      | 78 Mahamud Raan Jammaa         |
| 11 Jine Alum                    | 46 Sahra Kaliif Yussuf        | 79 Cabdi Fetiin Cali           |
| 12 Endale Keraga                | 47 Salah Jama Ahmed           | 80 Mahid Teannel               |
| 13 Legesse Bekele               | 48 Abdirahman Yusuf Ali       | 81 Mahud Sh. Ahmed             |
| 14 Mohamed Kaleif Abdi          | 49 Dr.Getahun Bezabeh         | 82 Hussen Ahmed                |
| 15 Shukri Hussen Gooni          | 50 Majib Ahmed Shirole        | 83 Sahardid Mehamed            |
| 16 Khadra Gamadid Cab           | 51 Yusuf Cabd Mahamed         | 84 Cumar Cabdi                 |
| 17 C/hi Haaji Yuusuf            | 52 Cahu Muhumad Ibrahim       | 85 Sheik A/ahi Sheik<br>Hassen |
| 18 Casdi maxamund Cali          | 53 Calsoi Mahomed<br>Dosmade  | 86 Halhimo A/ahi Mahamed       |
| 19 Hasan M/med Qadiic           | 54 Abdiraman A/ahi<br>Mahamed | 87 Ibrahim Hussan Nur          |
| 20 Mahamed Muhamed<br>Cobade    | 55 Ismail Ali Mussie          | 88 Abdi Sh. Mohamoud           |
| 21 Cubdi Ah-Mahamud             | 56 Ali Omer Hussein           | 89 Husein Ahmed Ibrahim        |
| 22 C/dulahi Mahamed<br>Qarfaan  | 57 Ali Omer Hussem            | 90 Arab Omer Muse              |
| 23 Hiis Mahmud                  | 58 Bare Haseen                | 91 Muhumed Daud Ali            |
| 24 Dr.Abdilahi Hussein<br>Hasan | 59 Hasan Yusuf                | 92 Abdi Kediye Khaire          |
| 25 Belel Ali Jize               | 60 Kayse Jaamae Qaalib        | 93 Mohamed Hassen Yusuf        |
| 26 Dr.Ahmed Hassan Bile         | 61 Hasan Ibrahim<br>C/Rahmaan | 94 Mohamed Ali Abdi            |
| 27 Mohamed Abdi Ali             | 62 Mahamed hassan Kidin       | 95 Farhan Elmi Ali             |
| 28 Ahmed Sheeke Abibakor        | 63 C/Laahi Cabdi Ibrahim      | 96 Nasir Hagi Hasson           |
| 29 Moryon Saben Qaolib          | 64 Mahamed Cabdi Cige         | 97 Rashid Hagi Yusuf           |
| 30 Abdi Karim Omar<br>Mayshane  | 65 Aamina Cuma yusuf          | 98 Mohamed Hersi Guleid        |
| 31 Osman Dahir Kasin            | 66 Aadan Mahid Rooble         | 99 Wona Takale                 |
| 32 Hawo Cismaan Jadell          | 67 Eorab Omer Muse            | 100 Ali Jama Abdi              |
| 33 Farhiya Ismaail              | 68 Caateeye Daahib            | 101 Abdi Omer Olhaye           |
| 34 Eshetu Zewdie                |                               |                                |
| 35 Fisiha Dajane                |                               |                                |

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### Appendix II: Participants from Fik and Shinile zones

#### Fik Zone

- 1 Kalid Noor Kilas
- 2 Abdullahi Barud Fetiw
- 3 Sheik Deq Sheik Abdi
- 4 Mohamed Olaad Moh'd
- 5 Hassan Aden Farah
- 6 Ahmed Dalmar Hudle
- 7 Ibrahim Said Ahmed
- 8 Shafi Hadi Osman
- 9 Mohamud Yusuf Musa
- 10 Maktal Hashi Hussein
- 11 Omar-noor Moallin Jama
- 12 Hassan Ahmed Moh'ud
- 13 Sadiyo Bashir Hussein
- 14 Tariyo Said Bullale
- 15 Bisharo Abdi Bullale

#### Hamaaro District

- 16 Sheik Moh'ed Shukri Moh'ed
- 17 Assad Sheik Moh'ud
- 18 Garad Sagal Omar
- 19 Noor Sheik Moh'ud Abdi
- 20 Ahmed Abdulahi Essa
- 21 Mohamud Kalif Keynan
- 22 Abdi Hashi Mohamud
- 23 Abdi Mohamud Ismail
- 24 Abdullahi Budul Moh'ud
- 25 Muhumed Sheik Ali Muh'ed

#### Segeg District

- 26 Sh. Ibrahim Oled Mahmod
- 27 Ali Sheik Moh'ud
- 28 Abdi Dayib Ismail Ali
- 29 Abdi Mohamud Kalif
- 30 Ahmed Abdi Karriye
- 31 Amina Said Abdi
- 32 Ebado Abdi-Mahdi Abdinour
- 33 Mahamed Yusuf Ashur
- 34 Sedik Mahamud Husien
- 35 Mahamed abdi Rage
- 36 Mahamed Mahamud Nour
- 37 Badal Mahamud Farah
- 38 Sh. Mahamed-Wali Ma'lalin Abdi

#### Other participants

- 73 Mahad Ahmed Abdi
- 74 Hasan Ali Abi
- 75 Husein Ismail Elmi
- 76 Abdi Azis Hasan Ali
- 77 Yusuf Awil Farah
- 78 Deq Ahmed Jama
- 79 Meliyon Ali
- 80 Omer Haasem

39 Mahamed Haji Ahmed

#### Shinile Zone

##### Shinile District

- 40 Ali Hassan Keyre
- 41 Omur Hassen Abdi
- 42 Adosh Jama Gadud Ali
  
- 43 Ahmed Egal Omar
- 44 Elmi Daheye Nour
- 45 Dahir Jama Diriye
- 46 Maydeme Ahmed Bokore
- 47 Wabari Ayeh Hire
- 48 Mahamud Sugeh Budul
- 49 Aden Gedi Budul Muh'ed
- 50 Mahamod Madar Hildid
- 51 Asha Abdilahi Hufane
- 52 Mako Ali Bulale
- 53 Aw-Kalib Guhad Goni

##### Erer District

- 54 Aden Yusuf
- 55 Omer Waberi Bulale
- 56 Sh. Hussien Egal Bouh
- 57 Awale Are Osman
- 58 Said Abadid
- 59 Muslimo Are
- 60 Maryan Nouh Esse
- 61 Hassan Adan Jabaqle
- 62 Ali Adam
- 63 Roble Hassen Samane
- 64 Hassen Hini
- 65 Mahamed Ibrahim
- 66 Hassen Elmi Riyale
- 67 Mahamed Hassan

##### Dambel District (Kebler)

- 68 Aw-Aden Osman Sabane
- 69 Du'ale Tube'e
- 70 Mohamed Said Wa'ays
- 71 Arab Ofleh
- 72 Mussa Ali Sugul