
PASTORALISTS, PARAVETS AND PRIVATISATION: EXPERIENCES IN THE SANAAG REGION OF SOMALILAND

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INTRODUCTION

The civil war in Somalia between 1988 and 1991 resulted in considerable loss of human life and destruction of local infrastructure and government services throughout the country. In August 1991 ACTIONAID, in collaboration with VETAID, visited Sanaag region in the self-declared independent Republic of Somaliland. The purpose of this visit was to identify priorities for rehabilitation and development in Sanaag and assess the feasibility of ACTIONAID becoming operational in the region. As a result, ACTIONAID opened an office in the regional capital Erigavo in 1992 and decided to focus its activities in the water and animal health sectors. A veterinarian was seconded from VETAID to manage the ACTIONAID/VETAID Animal Health Programme (AHP).

This paper describes some of the work of the AHP in Sanaag between 1992 and 1994. The paper focuses on the design of a paravet system. It describes how an evaluation of the AHP led to plans to establish private veterinary pharmacies and encourage links between these pharmacies and paravets. Issues related to the 'privatisation' of primary veterinary services for pastoralists in Sanaag and elsewhere in the Horn of Africa are discussed.

BACKGROUND AND PROJECT AIMS

Sanaag is an isolated semi-arid region in the north east of Somaliland covering approximately 60 000 km² (Figure 1). The topography of the region is varied and includes a narrow coastal strip, a dramatic mountain escarpment up to 2 000 m high, and an area of high plains and valleys. Livestock production based on pastoral systems is fundamentally important to the regional economy. Animals are exchanged for grain and the sale of stock (and particularly sheep) to the Gulf states is now well established. In recent years pastoralists around the regional capital of Erigavo have adopted more sedentary lifestyles, shifting from subsistence to more commercialised modes of production. This transition has been encouraged by the unregulated private ownership of land in the north of the region, where the open plains favour sheep rearing (Prior 1994). Production systems in the southern areas

of Sanaag involve greater livestock mobility and rely more heavily on camels and mixed herds.

Figure 1. Sanaag Region

Between 1992 and 1994 no formal government structures existed in Sanaag. The local community was represented by the *quurti*, a traditional council of elders representing the lineages of the various clans in the region. In the initial feasibility study, ACTIONAID worked directly with the *quurti*, who later selected a sub-committee of nine elders to collaborate with the programme. This group of elders, called the NGO Committee, acted as a link between the local community in Sanaag and ACTIONAID. The structure of the *quurti* and other aspects of social organisation are described by Farah (1993).

Because of disputes between rival clans, the security situation in Sanaag was still unstable in 1992. Disagreements arose due to the mixed clan origins of people in Sanaag and the subsequent struggle for control of rangeland resources (Bradbury 1993). Although many of the disputes were settled during a reconciliation meeting

in Erigavo in October 1993, ACTIONAID programme staff were constantly at risk of looting or assault and their work was punctuated by a number of security incidents, forcing setbacks and delays.

When the AHP began in May 1992 its aim was to improve food security in Sanaag by establishing a primary animal health care service based on a network of paravets. The paravet approach was considered to be appropriate because of the relative isolation of the region, the very poor infrastructure, and the absence of Somali veterinarians (although some veterinary assistants were present in the region¹). Also, it was thought that a paravet system would best incorporate local knowledge of livestock ailments and would, therefore, be specifically suited to the production systems used in the area.

PROJECT DESIGN

The AHP was based on a network of 30 paravets who were trained and linked to ex-Ministry of Livestock, Forestry and Range (MLFR) veterinary staff and facilities. The three district veterinary department buildings in the region were rehabilitated and four ex-MLFR veterinary assistants and other personnel were encouraged to form new District Veterinary Departments. These departments received a monthly grant of US\$450 from the AHP and the veterinary assistants were trained as trainers of paravets. Paravets were selected for training by the *quurti* in Erigavo.

The feasibility study conducted by VETAID/ACTIONAID in Sanaag indicated that herders considered the most important livestock health problems to be caused by helminths (worms) and ticks, and AHP activities focused on the control of these parasites. The project also trained paravets to treat trypanosomiasis in camels, and to use antibiotics for a range of bacterial and other diseases (Table 1). In order to understand local perceptions and descriptions of other livestock ailments, the AHP formulated a 'pastoralist dictionary' for livestock diseases and causal agents (Catley and Mohammed 1995) and documented the use of indigenous disease control strategies and plant remedies.

Distributing medicines to the paravets and monitoring their work was the responsibility of the District Veterinary Departments. Monitoring took the form of monthly reports by the paravets which detailed the name and location of the livestock owner, the number of each species of animal treated, the diagnosis, the quantities of medicines sold and the amount of money collected. ACTIONAID supplied drugs to the District Veterinary Departments.

From the onset of the AHP, livestock owners had to pay for veterinary drugs and the cost of each item was agreed in meetings with the NGO Committee. At

¹ These assistants had received two years veterinary training.

this early stage of the project the plan was to create a ‘reserve fund’ from the revenue gained from drug sales but also to support the paravets by allowing them to retain a proportion of the money collected (70%). The NGO Committee was responsible for the collection and maintenance of money in the reserve fund.

In addition to paravet training and supply of veterinary medicines the AHP also collected information on other factors affecting animal health in Sanaag, particularly range management. However, the programme was unable to address these wider issues because of the political sensitivity over control of rangeland at the time.

Table 1. Animal health problems covered by paravet training in Sanaag.

Health problem	Local Name	Veterinary medicine supplied
Intestinal helminthiasis	<i>Caal dabahawiye</i>	Levamisole drench and bolus Oxfendazole drench and bolus
Tick infestation and tick-borne disease	<i>Shilin</i>	1% Flumethrin pour-on 1% Deltamethrin pour-on
Also physical diseases:		
– Skin wounds	<i>Nabar</i>	
– Lameness	<i>Boog</i>	
– Horn damage	<i>Gees</i>	
Tick paralysis (camels)	<i>Muglo</i>	
Trypanosomiasis – camels	<i>Dhukaan</i> <i>Suuqiye</i> <i>Gendhi</i>	‘Cymelarsen’ (injection)
Diseases caused by bacteria and mycoplasmas, including		
– Footrot	<i>Boog</i>	20% Oxytetracycline injection
– Contagious caprine		
– Pleuropneumonia	<i>Sambam</i>	

PROJECT EVALUATION

Six months into the AHP a security incident in Erigavo forced the temporary withdrawal of expatriate staff and prompted an evaluation of the project.

At this stage it was already apparent to project staff that they had been unable to monitor the project effectively. For example, although the paravets noted the number of animals treated for each disease in their monthly reports, this information did not directly relate to the aim of the project – *i.e.* to improve food security. Therefore, a description of the AHP's achievements had to be based on the numbers of animals treated by the paravets. This information was of limited value in an area where estimates of the livestock population were probably unreliable and data on the incidence of the diseases in question were limited. Although ACTIONAID collected data on livestock and grain prices at local markets, this information could not be related to the activities of the AHP.

In addition to these problems, even ACTIONAID's basic recording system failed to run smoothly. Written agreements between the project and the District Veterinary Departments detailed the responsibility of the departments to collect monthly reports from the paravets and provide ACTIONAID with accounts. ACTIONAID reserved the right to withhold drug supplies at any time at its own discretion. In practice, these agreements were almost meaningless due to the lack of accountability of the Department staff. For example, when a veterinary assistant absconded with one month's supply of medicines, neither the NGO Committee nor ACTIONAID was able to recover the loss because the individual concerned was supported by his clan. Furthermore, the retention of drugs in the AHP stores provoked threats of security incidents against the programme. In this situation, the AHP had to either ignore the irregularities which occurred or withdraw from the area.

When evaluating the cost-recovery system for veterinary medicines used by the AHP it was apparent that in real terms the cost of veterinary drugs to herders was between 42% and 89% of the actual cost (including freight and insurance) depending on the item. Following payments to paravets, the true cost recovery of the system was only 13% to 27% of that required to purchase further supplies.

By December 1992 a number of important questions had arose regarding the future of the project (Hadrill 1992):

- How effective was the paravet system in terms of making a basic diagnostic and curative service available to herders?
- Was the AHP addressing the most important livestock diseases?
- Could herders afford to buy the medicines being offered by the paravets? How did herders value veterinary services?

- How sustainable was the AHP considering the relatively low cost recovery for veterinary medicines achieved by the present system?
- What were the alternatives, if any, to modern veterinary drugs?

In an attempt to answer these questions, a series of data collection exercises were conducted in some of the main grazing areas of Sanaag. An effort was made to contact herders who had access to a paravet and also groups who were not reached by the project. The AHP team travelled on foot and collected information using group discussions (with groups consisting of 20 people or more) and various RRA techniques. For example, livestock disease scoring exercises enabled herders to prioritise disease problems and explain the reasoning behind their decisions (Catley and Mohammed 1994). These exercises indicated how specific animal diseases affected the value of stock and reduced productivity. They also showed how the treatment of such diseases was cost effective even when veterinary medicines were sold at commercial rates. Reduced milk or meat production affected local consumption of these products whereas reduced value of animals hindered the exchange of livestock for rice at the market. Further exercises with brokers at livestock markets showed which diseases were most important in terms of worsening the terms of trade for herders.

In addition to this work, the programme also conducted a study on private trade in veterinary medicines in Sanaag and Somaliland and interviewed livestock traders and businessmen. The main findings from these two studies were:

- The large demand for basic veterinary services in Sanaag was not met by the existing AHP. The number of paravets and the quantities of medicines supplied to each paravet were insufficient.
- Herders were willing to pay the full price of veterinary medicines.²
- For some areas visited, paravet activities were localised around villages. Herders on the range claimed to be unaware of the paravets' activities; representation of herders by urban-based elders was considered to be poor.
- Other paravets were found to be working effectively and were much appreciated by their communities. Usually these paravets kept their own animals and travelled on the range.
- Those herders who did not have access to a paravet produced clear and logical criteria for selecting someone for training. These criteria included

² For example, the sale of one sheep to buy medicine to treat a sick camel was often stated as a fair price for the medicine. One herder explained that this was similar to a local remedy which involved the slaughter of a goat to make broth for a sick camel.

honesty, ability to read and write, good livestock knowledge, well known and respected, strong and able to walk long distances and good tempered.

- Herders also proposed methods for supporting paravets in the absence of direct financial support from ACTIONAID. The two ideas most frequently stated were that paravets could add a service charge when selling drugs or the community selecting the paravet could pay them an incentive or salary.
- An active trade in veterinary medicines existed in Hargeisa, Berbera and Burao (the three main towns in Somaliland): the main constraints to this trade were the provision of free or subsidised medicines by aid agencies and a lack of knowledge about medicines amongst traders.

These findings indicated that a major redesign of the AHP was required.

REDESIGN OF THE ANIMAL HEALTH PROGRAMME: POTENTIAL FOR PRIVATISATION OF THE PARAVET SYSTEM

The results of discussions with both herders and Somali traders, as detailed above, suggested that the AHP should either move rapidly towards a full cost recovery system for veterinary medicines or aim to replace ACTIONAID with private traders as the main supplier of veterinary drugs.

The final decision over which of these options to choose was heavily influenced by two factors. First, the new district Veterinary Departments supported by the AHP were unable to manage themselves effectively and their staff were involved with the programme for personal gain only. Reporting and accountability were inadequate, and most of the money collected from the sale of veterinary drugs and intended for the reserve fund had disappeared. Although written agreements existed between the AHP and the Veterinary Departments, neither ACTIONAID nor the NGO Committee were able to recover the lost funds. Furthermore, as the AHP lacked capacity to manage rather than simply advise the district veterinary departments, the involvement of these departments in the project seemed to be increasingly untenable. One of the departments was actually disbanded by the *quurti* in early 1994.

Second, no qualified Somali veterinarians were resident in Sanaag at the time of this work. Elsewhere in Somaliland, ICRC had organised workshops with local veterinarians and veterinary assistants to discuss the development of animal health services following the completion of the ICRC emergency programme. In particular, these meetings focused on the potential for 'privatisation' of veterinary services in Somaliland and the establishment of private veterinary practices. This approach was supported by the National Charter of the new Somaliland Government which advocated privatisation of services.

Considering the AHP's own studies, the results of the ICRC workshops, and the attitude of the Somaliland Government, the best option available to the AHP was to encourage the establishment of private outlets for veterinary medicines in Sanaag, and link the paravets to these outlets. This work was planned to coincide with a 'Veterinary Services Support Project' coordinated by CARE in other regions of Somaliland.

The redesigned VETAID/ACTIONAID AHP aimed to base its activities on the range and work directly with pastoral communities to select, train and establish support mechanisms for paravets. The programme also aimed to continue to investigate local strategies for animal disease control and treatment, and incorporate this information into the paravet training curriculum. The 'privatisation' aspect of veterinary services was addressed by proposing the establishment of veterinary pharmacies in each district and the offer of training in pharmacy management; the programme aimed to link veterinary assistants with traders to combine technical knowledge of veterinary drugs with business experience. Paravets would then be encouraged to develop links with the pharmacies. The involvement of the ex-MLFR veterinary assistants in this process was encouraged; the programme avoided the provision of any resources to the District Veterinary Departments in 1994.

Between December 1993 and January 1994 the initial stages of the 'privatisation' plan for veterinary services in Sanaag were implemented. Individuals or groups who were interested in this aspect of the AHP had to be supported by the NGO Committee and the following assistance was proposed:

- The one-time sale of veterinary drugs by ACTIONAID to veterinary assistants/traders at cost price to act as a 'kick start.'
- The revenue obtained by the AHP from the above sales to be used to maintain a store of veterinary drugs for use in emergencies.
- To assist communication between traders and veterinary pharmaceutical suppliers overseas by use of facsimile and E-mail facilities at ACTIONAID Djibouti.
- To provide information on the quality, quantity, and type of medicines required, together with training in the correct storage and use of medicines.
- To provide a basic banking facility such as the provision of letters of credit for traders.
- To organise meetings in Sanaag between local traders and representatives from the major veterinary pharmaceutical suppliers in the region.
- To arrange workshops for the veterinary assistants/traders and paravets to develop drug supply systems to rural areas.
- To monitor the privatisation process.

For project monitoring it was decided to focus more on food security issues in relation to animal disease control. RRA work with herders had shown that they considered production factors such as milk and meat production to be important when scoring both livestock species (Mohammed and Catley 1994) and livestock diseases (Catley and Mohammed 1994; Catley and Mohammed 1996). It seemed reasonable to conclude that control of those problems which reduced milk or meat production, skin or sale value, or caused mortality of livestock, might improve food security. Despite ACTIONAID's requirement for progress reports to be based on quantitative data, during 1993–94 the AHP planned to include RRA exercises (and specifically livestock disease scoring) in the monitoring process. It was hoped that disease scoring exercises conducted with herders before and after paravet selection would provide information on the effectiveness of the paravet in reducing the incidence of the main animal diseases, and also how these diseases affected productivity.

LESSONS LEARNED AND IMPLICATIONS FOR FUTURE PROJECTS

When considering the AHP between 1992 and 1994 it should be restated that no effective national or local government existed in Somaliland during this period. Local traditional institutions such as the *quurti* in Sanaag were not accustomed to working with NGOs and considerable time was invested in developing a good relationship between the AHP, *quurti* and NGO Committee. The resources available to the AHP, both in terms of trained staff and materials, were limited considering the size of the target area.

Despite these difficulties, the work of the AHP in Sanaag indicated that the establishment of a basic veterinary service involving small private pharmacies linked to paravets was a realistic proposition. Pharmacies selling human medicines already existed in the region. Veterinary assistants involved with the new veterinary pharmacies could provide a secondary/referral service for the paravets in the field. One of the problems predicted with this system was the lack of formal regulation of the importation and use of veterinary medicines and the lack of trained veterinarians in Sanaag. To some extent this concern was offset by the knowledge that news of medicines which were not effective or had been diluted by pharmacies before sale would travel quickly across the range. Also, herders were aware of the advantages of purchasing 'quality' products in sealed containers and they were rightly suspicious of unlabelled items or broken packaging. The training of more paravets in 1994 would improve awareness of correct usage of veterinary medicines and the project already produced and distributed, via the paravets, illustrated leaflets in Somali describing the correct use of the veterinary medicines available in Sanaag. It was anticipated that this activity would be expanded as the new private outlets for medicines emerged.

The work with herders and traders during the evaluation of the project showed that both of these groups were interested in 'privatisation' of veterinary services. Even herders with relatively small herds of around 40 sheep and goats seemed ready to purchase medicines at much higher prices than those proposed by the NGO Committee when the project began. This attitude had much in common with that of pastoralists in Bay Region (Al-Najim 1991) and the Central Rangelands of Somalia (Zessin *et al.* 1993). Therefore, the future activities of the AHP included a complete cessation of the supply of subsidised veterinary medicines to Sanaag. By collaborating with other aid agencies it was hoped that free or subsidised drugs would no longer be available in Somaliland as this situation would undermine attempts by traders to set up pharmacies.

A few other points are worth mentioning in connection with privatisation of basic veterinary services:

- Opponents of plans to liberalise supply of veterinary products are often veterinarians who claim that lessening their control over drug distribution will result in 'misuse'. A possible failing of this argument is that in developed countries problems such as anthelmintic and antibiotic resistance might be associated with intensification of livestock production systems. At present there is little evidence to suggest that curative or strategic use of veterinary products by paravets or pastoralists using extensive production systems will result in drug resistance, although the situation will require monitoring.
- If private paravet-type systems emerge in pastoral areas, veterinarians could be involved in supervision of paravets, monitoring drug usage and the establishment of disease surveillance systems. However, it is not always apparent that trained vets are willing to work outside urban centres.
- It was likely that in the absence of the AHP in Sanaag, Somali traders with limited technical knowledge would import veterinary medicines for sale to pastoralists; local entrepreneurs recognised that a potential market for these products existed. Training of traders and paravets was a key component of the 1994 AHP plan; paravet training focused on correct use of drugs as their ability to diagnose the main diseases was already well developed.
- Elsewhere in the region privatisation of veterinary services has been advocated. For example, Wario Godana (1993) called for support of independent paravets in Ethiopia and privatisation of the veterinary drug supply.

The civil war in Somalia was an appalling tragedy and, at the time of writing, the south of the country was still unsettled. Despite this, recovery of trade, markets and livestock in Somaliland and northern Somalia has been rapid and the exchange

of animals for grain or hard currency now controls the economy. However, elsewhere in the Horn of Africa the results of prolonged conflict continue to affect pastoralists and may limit their ability to sustain private animal health services based on imported veterinary medicines. In these areas, a more innovative and patient approach to primary veterinary services may be required, including increased recognition of local methods of animal disease control and treatment. 'Indigenous technical knowledge' threatens to become little more than jargon in NGO project proposals unless serious efforts are made to not only document local skills, but also test, apply and share them.

CONCLUSIONS

In concluding the privatisation discussion, AHP plans to support the sale of veterinary medicines at commercial rates were based on interviews with pastoralists on the range. In Sanaag, herders recognised the cost-benefit of curative treatment of livestock diseases and even those people with smaller herds were ready to pay for veterinary medicines – the problem was one of availability of veterinary services rather than cost. This approach was supported by both discussions with Somali traders and the National Charter of the Somaliland government.

Regarding the institutional approach of the AHP, plans for 1993–94 included efforts to consolidate the relationship between the project and the NGO Committee. This committee, selected by the traditional council of elders in Sanaag, played an essential role in establishing the AHP. They explained the work and approach of the project to the local community and helped to safeguard project staff. While continuing to work with the NGO Committee, the AHP also aimed to involve herders more directly in the selection of paravets and identification of local veterinary priorities.

In terms of setting objectives and project monitoring it was felt that the AHP made some progress in understanding the relationship between animal disease and the food security of pastoralists in Sanaag. The project was able to focus on those diseases which both herders and programme staff considered to be important, and could justify this approach by describing the economic and production losses which herders might incur if sick animals were not treated; even minor illnesses could render an animal unsuitable for exchange for rice. For monitoring work the AHP planned to use a more qualitative approach which incorporated herders' perceptions of animal disease and utilised their considerable knowledge of animal health and husbandry.

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