RAPID case study: Community-based animal health care workers

Introduction to the case

This case study is a summary of research which formed part of ODI’s Bridging Research and Policy project which is seeking to learn more about linkages between development research, policy and practice and promote evidence-based international development policy. This research project drew lessons from policy advocacy work in Kenya carried out by the Intermediate Technology Development Group and various development agencies. The project also included a literature review, the development of a framework paper and two other case studies.

Livestock services, were among the first rural services targeted for privatisation under structural adjustment programmes, particularly in Sub-Saharan Africa. The veterinary profession however was very slow to respond. In Kenya the increasing financial constraints effectively paralysed government services in the late 80s and early 90s. During this period NGOs introduced a new model of community-based livestock services, otherwise called Community-based Animal Healthcare (CAHC). Intermediate Technology Development Group (ITDG), one of early pioneers in the mid 80s, adopted an action-research approach with a clear objective to use the results, if positive, to influence the policy environment to allow the approaches to be widely replicated. This case study explores the reasons why, despite the outstanding success and proliferation of the new Community-based Animal Healthcare (CAHC) approaches in ASAL areas, it took over 15 years to convince policy makers to develop policies and legislation to allow the approach to be used legally.

Traditionally, the link between research and policy has been viewed as a linear process, whereby a set of research findings is shifted from the ‘research sphere’ over to the ‘policy sphere’, and then has some impact on policy-makers’ decisions. Literature on the research-policy link is now shifting away from this model towards a more dynamic and complex view that emphasises a two-way process between research and policy, shaped by multiple relations and reservoirs of knowledge.

The ODI case studies were designed to test the hypothesis that research is more likely to contribute to evidence-based policy if:

- it fits within the political and institutional limits and pressures of policy makers, and resonates with their ideological assumptions, or sufficient pressure is exerted to challenge those limits;
- researchers and policy-makers share particular kinds of networks and develop chains of legitimacy for particular policy areas;
- outputs are based on local involvement and credible evidence, and is communicated via the most appropriate communicators, channels, style, format and timing.

To test these hypotheses ODI constructed an historical narrative leading up to the observed policy change in each case study. This involved creating a timeline of key policy decisions and practices, along with important documents and events, and identifying key actors. The next step was to explore why those policy decisions and practices took place and assess the role of research in that process. This was done through interviews with key actors and reviewing the literature, and cross-checking conflicting narratives.

The key events which seem to have contributed to the policy shift in Kenya were:
The arrival of ITDG in 1986 with an explicit focus on developing and testing new approaches, then seeking to influence the policy environment so they can be implemented more widely. This coincided with the adoption of Sessional Paper No 1 1986 - “Economic Management for Renewed Growth” which set the stage for structural adjustment and privatisation of public services, creating a favourable macro policy context for reform of livestock services.

The first ITDG vets workshop* in 1988 which brought together CAH practitioners from several projects around the country marked a significant increase in interactions between researchers/practitioners and policy makers.

The emphasis on veterinary professionalism and ethics by a new Director of Veterinary Services, seconded from the Department of Clinical Studies of the University of Nairobi in 1990, reversed an emerging interest in policy reform driven by contracting government budgets, and emerging evidence of the value of the alternative decentralised animal health care model.

The establishment of bilateral CAHC projects in 1992 added weight to the evidence in favour of CAHC approaches, and ITDG’s international CAHC workshop strengthened the emerging network of practitioners and links between policy makers and practitioners.

ITDG’s 1993 vets workshop attracted the interest of the Eastern Provincial Director of Veterinary Services, who became convinced of the value of the CAHC approach by the enthusiasm of the livestock owners and practitioners he met there.

The appointment of a new Director of Veterinary Services in 1994 with practical field experience in ASAL areas and more open-minded attitudes towards new innovation, together with the promotion of the Eastern Province Director of Veterinary Services to Deputy-Director in Nairobi dramatically improved the policy context for CAHC approaches.

The gradual increase in number of agencies in training CAHCs from 1994 to 1997 further strengthened the evidence in favour of CAHC approaches, but also raised concerns among members of the Kenya Veterinary Association and Kenya veterinary Board leading to:

The publication of a letter by the Kenya Veterinary Board in 1998 threatening to de-register veterinarians involved in CAHC programmes in an attempt to stop what they regarded as an illegal approach. The letter however had the opposite effect. Far from stopping CAHC programmes, it brought together all stakeholders into a policy network to try to find a solution to the problem. Supporters in the government used the crisis to launch a multi-stakeholder study (known widely as the Hübl study) which significantly further increased the weight of evidence.

A multi-stakeholder workshop in Meru in 1999 (based on ITDG’s Vets Workshops) provided a clear signal from policy makers that they were interested in finding a solution, and established a multi-stakeholder working group to develop new policies and guidelines.

The political climate for policy reform deteriorated with the appointment of a more conservative Director in 2000, before the new policies and guidelines had been formally adopted.

Increasing opposition to the new policies from the Kenya Veterinary Association in 2001 both undermined the policy coalition reducing the link between researchers/practitioners and policy makers, and complicated and worsened the political climate.

The animal health care case study generally supports ODI’s hypothesis. The policy process was influenced far more by the political context than by anything else, and personalities and personal relationships, both in the research/practitioner and policy communities were at least as important as any formal relationships and structures.

The crisis caused by the KVB letter in 1998 was clearly pivotal. Beforehand there was a long period where CAHC schemes gradually proliferated, generating powerful evidence of their value, and providing an issue around which different groups of stakeholders, supporters and
antagonists, could form formal and informal networks. Afterwards, there was a surprisingly long process where all stakeholders came together to develop a new policy framework.

Formal research seems to have contributed relatively little to the process, and research reports even less so (with the exception of the Hübl study). Evidence generated by working CAHC schemes, communicated directly to visitors by livestock owners and the animal health staff directly involved in them seems to have been much more important. Earlier on, this evidence contributed to the rising popularity of CAHC programmes with donors and field veterinarians. In the mid 90s, alarm among KVB members caused by the proliferating CAHC schemes provoked the publication of their letter in the national press, which brought everybody together and resulted in the new policy framework legitimising the approach – the exact opposite of what the KVB had hoped.

With the benefit of hindsight, distance and the results of this study, it is possible to suggest some changes that might have accelerated the process. These include:

- Greater effort to understand the political context – the legal and policy framework, the key actors, their attitudes and influences, and other reform processes.
- Greater effort, earlier on, to get government staff, especially those opposed to the idea, to visit working CAHC schemes and learn about them at first hand.
- Effort to generate interest among non-veterinary staff, and parliamentarians.
- A clearer communication strategy to influence government vets and government policy.
- More effort to get to know the key players – the Director and Deputy Directors of Veterinary Services in Nairobi, the Kenya Veterinary Association and the Kenya Veterinary Board – and figure out how best to influence them.
- More effort to understand the policy process in Kenya – how new ideas become incorporated into policy, and new legislation enacted.
- Lessons learned should be used to replicate the process in other areas on policy influencing.

It is also clear that working with local communities to develop effective and sustainable examples of new approaches is essential to prove their effectiveness, and acquire the legitimacy to advocate for change. That takes time, and the early pioneers of the approach in Kenya deserve recognition for the efforts they have made over the last 17 years.

* Vets Workshops were a series of workshops which were organised by the Intermediate Technology Development Group and other stakeholders which brought together Animal Health Care practitioners and in later stages policy makers to share the experiences in community based animal healthcare.

This is the summary of ODI Working Paper 214: Animal Health Care in Kenya: The Road to Community-Based Animal Health Service Delivery, which can be downloaded from the ODI website: WP214 (Adobe Pdf 336kb).