Gert Jan Duives  
Chairman ACBAR Veterinary Coordination

Village Based Veterinary Service for Afghanistan

Enclose please find a copy of the above proposal.

This proposal has been prepared on the basis of the current financial crises, experiences of the previous veterinary services supplied by NGOs, and the successful service of the Agha Khan Rural Support Programme (AKRSP) considering the differences in the knowledge of Afghan farmers about the importance of the service, and the situation in Afghanistan.

I am sure that this proposal may have some disadvantages that our colleagues can point them out and suggest their ideas.

I suggest that you circulate it to the NGOs and let them read it. Then, we can discuss it at the meeting on October 2, 1990.

Best regards.

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Proposal for
Village Based Veterinary Service

Background of the Veterinary Services in Afghanistan

Before 1978, each province had a veterinary directorate and a veterinary clinic staffed by professional staff including veterinarians and or veterinary assistants. Many districts, but not all, had some sort of veterinary services based in the district capitals. The range of operation of these veterinary clinics included only the district or provincial capitals. Regular vaccination and deworming campaigns were not conducted. Only in some cases, if there was an outbreak of some infectious disease, the vaccination campaign was carried out. During the vaccination seasons common bacterial vaccines, and in some clinics, some viral vaccines were present. Farmers could bring their animals for vaccination into the clinics or get vaccines from the clinics and do vaccination by themselves. All treatments were free of charges, if somebody wanted to get service at his home, he had to provide transport for the veterinary personnel and pay them.

Afghan fertilizer company was the only source of simple veterinary medicines and instruments imported from the east European countries.

If a medicine was not available in the clinic the farmers had to buy them from the company.

After the Soviet invasion and disruption of most social services, veterinary service has been disrupted as will. Since most part of the country became under the control of mujahideen, veterinary personnel employed by the government could not work in the rural areas. In the same time farmers living in the areas under control of mujahideen had difficulties in getting service or medicines from the cities veterinary clinics.

The first veterinary training school was found by GAF in 1986 which was for 9 months. Graduates of this school were employed by GAF for cross border work in the areas under control of mujahideen, and in the border clinics to treat basically mujahideens' packing animals. Later MADERA, SCA, DCA, and recently EIL had started paravet and or vaccination training courses for the purpose of cross border veterinary services.

So far, all cross border veterinary services are provided by the NGOs employees. With the exception of a few cross border clinics all clinics are providing free services.
Advantages of the existing free cross border veterinary service

Now, the cross border veterinary service has been successful.

1. People gets free services.

2. In the areas where the service has been provided, to a large extent, many infectious and parasitic diseases have became under control.

3. Many Afghans got veterinary training.

4. Most Afghan veterinarians got employment in cross border clinics or in Peshawar based training centers which stopped the brain run and provided practical and theoretical experiences to them.

Disadvantages of the free cross border veterinary service

1. It is expensive and there must be much more money to cover all districts.

2. The veterinary personnel have no incentive to work better or harder because they have fixed salaries.

3. With the present transportation and communication problems the veterinary personnel can't reach the remote villages of the districts. Likewise, most people of these villages can't have access to the clinics all the time. In many cases, by the time, a farmer brings his animals or the doctor visits the village, the animal is died.

4. The major problem that we all must be concern about it is that if the donors stops their aids, how we can maintain these clinics.

Present charging policies of the NGOs providing cross border veterinary services

MADERA is working in Kunar and Laghman. During the first year of their operation, the service was free of charges. Now vaccination is free of charges, some medicines are sold in subsidised prices to the farmers upon the doctors' recipes in the project contractual shops. This practice has been started in Weygal and will be extended to other clinics as well.
VSF is now working in Jaghatu, Wardak. They provide free vaccination and charge for each animal brought for consultation to the clinic. If the farmer seems to be very poor they do not charge him. Otherwise, the fee is different for cows, goats, sheep, donkeys and horses. Medicines known by the population and very necessary are sold for a symbolic prices. For those who need more medicines the prices are higher than for those how need less medicines. Vitamins, antiseptics and medicines for external parasites are sold in full prices.

DCA had started free veterinary service at the beginning. Later they advised their personnel to charge 50% of the cost of antiparasites and other treatments, but the vaccination has been free of charges. So far, the DCA have been able to collect 11.5% of the expected money their veterinarians would bring to Peshawar.

The purpose of charging for veterinary services is to make Afghan farmers get used to paying for treatment of their animals rather than the NGO make money.

Other suggestion made in ACBAR veterinary coordination meeting for cross border veterinary service is to charge farmers 10 Afghanis for sheep and goats and 20 Afghanis for large animals for the service regardless of the quantity of medicines been used.

No anonymous charging policy for the veterinary service has been agreed upon so far.

Although the above mentioned policies are useful that help farmers to come out gradually from the existing circumstances that most services are provided free, they haven't been quite successful. (copies of the DCA, MADERA, and VSF charging polices are available for more information).

**Proposed Village Based Veterinary Services**

The main reason to be concern about cross border veterinary service is that if UNDP or other NGOs providing veterinary service stop their support, then what will happen? Who will pay the staff salaries and how people can get service? I am sure that all doctors and paravets will leave their duty stations and will be looking around to find any employment to make their living. The farmers won't get vaccines and medicines even if they want to pay for it, and nobody can provide them at least a profictional advise about the diseases, sources and administration of vaccines and medicines.
The proposed policy will include the following steps:

1. An organisational set up in Peshawar is required if there isn't any.

2. Appointment of one veterinarian or assistant veterinarian along with one paravet on a district level. If a transportation mean is provided this team can control 2-3 districts. This team must have an office and a medicines store to supply medicines upon the request of village vaccinators.

3. Recruitment of one person from each big village (100-500 families), or from several small villages comprising the above number of families by the district veterinarian for training.

   It must be cleared with the villagers that we will provide one month training and the expanses for that. We need a person who permanently lives in the village and can read and write. After the training he will be provided a simple kit of veterinary instruments including burdizzo and syringes.

4. The training should include:
   - Basic veterinary principles
   - Animal handling
   - Common animal illnesses and their treatments
   - Major contagious disease
   - Vaccination
   - Internal and external parasites and their treatment
   - Castration
   - Selection of animals for breed purposes
   - Animal feeding and silage processing

5. After the training he will be sold the necessary medicines in subsidised prices. No salary will be paid for him. He will charge for the treatment and sell the medicines. After he finishes the medicines, he should come to the center and buy more medicines. It is important that the villagers agree to.

6. Vaccination campaign will be organised by the district veterinarian with the close cooperation and participation of village vaccinator. Vaccination must be free of charges at the beginning stages.
7. The district veterinarian must monitor village vaccinators regularly, solve their problems and if transportation is provided he can transport the vaccinators medicines to their villages as well.

8. Twice, or least once—a—year the vaccinators should be provided a 3 days refresher course in the district center or in Peshawar.

9. The vaccinator fee and the price for each medicine should be worked out by the agency according to the importance and prices of different medicines.

10. Once the programme is accepted the price of medicines can be raised up to the market prices.

Advantages of the Village Based Veterinary Service

1. The most important advantage of this system is if the donors stop their funding, the service will be maintained in the village. Knowing the medicines and the importance of vaccination and treatment, villager swill ask their vaccinator to bring them the required medicines at any price they might be. Even the district doctor or paravets can maintain their drug stores by purchasing their medicines in Peshawar or Kabul and selling them to the vaccinators in a higher prices than the price they were asking during the project and make money for themselves.

2. The village based vaccinators will be always available in the villages. They can provide assistance all the time to their villagers. The villagers do not need to travel to the district center for medicines or take their animals to the center, or provide transport to the doctor to examine their animals.

3. There is an incentive for village vaccinators to work hard, and follow up the sick animals they have treated because the more they work the more they get money and the more they sell their medicines.

4. Since the vaccinators are living among villagers, they will have more contact with the people; therefore, people always can get good advises regarding their animals treatment, breeding, and feeding.

5. The cost of service will be reduced while the efficiency will be doubled.

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