Community Managed Preventive Health Care Services

Process Steps

Andhra Pradesh Drought Adaptation Initiative

THE WORLD BANK

SERP

WASSAN

Background

Livestock as a 'livelihood asset' contributes substantially to the current income and future growth of a household; it is more so for poor households, particularly in drought prone areas. Livestock is also valued for being a 'liquid asset' and as a means of potentiial for generating capital for growth of a poor household. Its role in agriculture and natural resources management is well known.

Livestock diseases constitute a major constraint to livestock production, particularly for the poor. An outbreak of disease can mean loss of capital asset and a regular source of income. It also means a set back in the household's economic growth process. The findings of a survey in 10 villages of two mandals in Anantapur district in Andhra Pradesh clearly revealed this situation. There was a population of 3800 small ruminants in these villages, among which 2731 were adults and 1069 young stock. In an year, 689 animals died, mostly due to preventable diseases. The mortality rate was 18% in that year. While the total loss of asset value was Rs 10.33 llakhs, on an average the loss was in the range of Rs.50,000 - 2,00,000 per village. Protection of these capital assets of the poor therefore, assumes much greater significance.

Mortality and morbidity due to diseases can be reduced considerably by streamlining the preventive healthcare services. Effective outreach of vaccination services to livestock rearers helps in securing the livestock assets from preventable diseases. In Andhra Pradesh, livestock usually suffer from 12 major diseases, but disease preventive vaccines are available for only 9 diseases.

Livestock diseases are highly related to weather conditions, more importantly on rainfall patterns. The pattern of disease incidence is changing with increasing uncertainties in rainfall patterns brought about by Climate Change. For example, high intensity, off-season rains in March 2008 brought with it ET incidence in sheep in the AP DAI program villages. As it is normally expected during the early monsoon season, the administrative system was not prepared to deal with this contingency. A quick response system of preventive health care is therefore, a necessary component of adaptation to Climate Change.

Existing Service Delivery System - An Analysis

The Department of Animal Husbandry (DoAH) in Andhra Pradesh has established the production and supply chain of vaccines, systems of disease surveillance and vaccination through an elaborate network of 1815 Veterinary Dispensaries and 3030 Rural Livestock Units. Gopal Mitras and Dairy Cooperatives are also involved in the provision of vaccination services.

The Veterinary Biological Research Institute (VBRI) was set up to produce and supply vaccines free of cost for the state program. VBRI produces most of the required vaccines except the FMD vaccine which is supplied at a subsidy by the Department. These vaccination and de-worming programs are usually taken up by the Department as a special drive each year on a large scale across the state as a response to disease surveillance.

However, the following factors constrain the service delivery:

a) Though livestock rearing is an important livelihood to poor and others, there is lack of awareness among the community about benefits of vaccination and other preventive healthcare measures. There is no effective outreach mechanism / extension cell within the department to increase the awareness of the livestock holders on preventive healthcare.

b) The extension and outreach in delivering vaccination and de-worming services also suffer for want of deployment of adequate human resources. Requirement of vaccines in large number and insufficient budgetary allocations are adversely affecting the delivery of vaccination services in rural areas.

c) While the improved dairy animals are well covered under the vaccination programs, the coverage is weak for the vast majority of the indiscreet breeds, small ruminants, backyard poultry and such others reared by the poor. The situation is much worse in the interior areas plagued by lack of access and poor staffing.

d) Establishment of commercial service providers in this segment has also not taken place as these services are given free by the government.

e) The outreach mechanisms for (vaccination/ de working) service delivery depends mostly on 'special drives' like 'livestock health camps'. The outreach is limited by the staff-time and availability of vaccines. Para-workers (other than gopal mitras) developed under various programs are not institutionally anchored for the purpose of vaccination; their coverage is also mostly limited to dairy animals.

f) The department has no institutional linkages with the SHGs and their Federations, the larger social capital available in Andhra Pradesh that can potentially increase the outreach many folds. The service delivery is also not effectively embedded in the Panchayat Raj Institutions.

Institutionalising Effective Vaccination Services for the Livestock Rearers

The diverse types of livestock (cattle, bovines, sheep, goat, pigs, poultry etc.), a range of situations (sedentary to migratory livestock systems), high market value to agriculturally embedded livestock systems, access barriers in terms of distance and coverage of government institutions, maintenance of cold chain, low awareness among farmers are the major challenging factors in the design of a system for effective vaccination services.

At the same time, high social capital base in terms of SHGs and their Federations, Panchayat Raj institutions and a large Pool of trained Para - Workers that is available in the state of Andhra Pradesh, provide enormous opportunity for development of effective vaccination service delivery systems for livestock. The increased production capacity of required vaccines at VBRI also makes the task simpler.

In this background, Andhra Pradesh Drought Adaptation Initiative (APDAI) has evolved a system of vaccination service delivery by building effective institutional synergies between the Federations of SHGs, Gram Panchayats, Animal Health Workers and the Department of Animal Husbandry. This work is built upon the earlier work of WASSAN and the MMS-Kosgi. The experience in five mandals in two districts (Mahabubnagar and Anantapur) are analysed and translated into the present process document for Community Managed Livestock Vaccination.

Objective and Strategy

The objective of the exercise is to institutionalise vaccination services to reduce the mortality in livestock from preventable diseases.

The key elements of the strategy are:

Anchoring the service delivery system within the Community Based Organisations (CBOs)[1] with effective mechanisms of collaboration with the Department of Animal Husbandry is envisaged to make the service delivery more effective and 'quick responsive' to meet the challenges of Climate Change.

[1] CBOs are the organisations of the people for any specific purpose managed by themselves.

a) Evolving appropriate institutional mechanisms for service delivery anchored in Community Organisations and Gram Panchayats, in collaboration with the Animal Husbandry Department for supply of vaccines and oversight on the program.

b) Pooling and training Animal Health Workers for vaccination service delivery, fixing the service delivery fees and firming up their linkages with Community based Organizations.

c) Identifying and establishing necessary infrastructure and revolving fund required for sustainability of the institutionalized livestock preventive health care services.

Institutions

Why Community Based Organisations

Self Help Groups and their Federations are well entrenched and widely spread in Andhra Pradesh. There are Livestock rearer groups in the form of Sheep Rearers' Cooperatives, Dairy Cooperatives etc., in several districts. Watershed Development Committees, JFM Committees also exist in most of the villages. This larger social capital base (having households with livestock as members) provides a wide-spread, low cost institutional base for the Department of Animal Husbandry (DoAH) to improve its outreach.

Federations of the SHGs - the Mandal Mahila Samakhyas (MMSs) - with its large network of Village Federations of SHGs in a Mandal would be an effective single point institutional node for organising the service delivery. Such a self-managed social capital base can potentially reduce the transaction costs of service delivery. Cooperative structures such as Sheep Rearers Cooperatives have district level unions but, do not have operational level arrangements at mandal level.

MMSs are proved to be effective platforms for service delivery against payment; the book-writer for SHGs is a typical example. The SHGs can invest on and recover the service delivery costs and also can maintain infrastructure. They also have capacities to plan and execute larger service delivery operations. More over, most of the members of MMSs are livestock holders and vaccination services are of key interest to their livelihood.

Why Gram Panchayats (GPs)?

Gram Panchayats have the mandate and they provide a neutral platform for organising village level events (like vaccination). This is in terms of informing all villagers about the vaccination event, providing a space and a mandated linkage with the Department of Animal Husbandry (DoAH).

Why Department of Animal Husbandry?

The Department has the responsibility for livestock health. As prevention of communicable diseases is taken as a public good, the Government has taken up vaccination as a public service delivery. Vaccines are produced, maintained and supplied free of cost by the DoAH except for FMD vaccine. Legally, vaccination must be provided under the supervision of a qualified veterinarian and the department has all such technical personnel. With its disease surveillance mechanism, it can effectively trigger the vaccination events as and when required. But it has its own constraints. Unlike in Orissa, it can not take user charges, as per the policy.

Why Animal Health Workers (AHWs)?

Extended technical human resource base is a key constraint for larger scale vaccination service delivery. Trained AHWs can bridge this gap. These 'vaccinators' have their own occupation and can earn supplementary income / wages during the specific days when they provide services. It is easy to expand the base of these AHWs to get more and quicker outreach and also, some redundancy can be maintained in the system with limited costs.

Need for an External Facilitator

The institutions can not come together on their own. The multi-institutional collaborative set up need to be facilitated initially to come into existence. Such an arrangement need to be facilitated for atleast two years so that the processes are institutionalised within each agency. The external facilitator can be given a two year contract for establishing such a system. Alternately, the DoAH and DRDA can facilitate such instituitonalisation process centrally from the district level with dedicated human resources.

A collaboration among these institutions if institutionalised, can provide a basis for reaching out livestock vaccination services to all with low transaction costs.

The next sections details out the process steps in operationalising these services deriving from the experience of AP Drought Adaptation Initiative in five Mandals in two districts.

A Step by Step Process for Community Managed Vaccination Services

In summary, the operational process of Community Managed Vaccination Services entails MMS in collecting and aggregating indents from Village Organization (Fedaration of SHGs at village level) for required vaccination, compiling the indents and submitting it to dept of AH to source vaccines that are supplied by the Government or purchasing them in bulk. Plan for the vaccination will be prepared in scheduled meetings wit AHWs, representatives of CIGs, VO and VAS. Gram Panchayat and the Village Organization will announce the date for vaccination camp. This interaction is facilitated by the AHWs / mandal coordinator and it will be informed to the local veterinary doctor. On the scheduled date, the AHW attends the camp along with an assistant from Village Organisation who collects the service charges and vaccine costs, if any. The AHW is paid the service charge while vaccine costs are reimbursed to the MMS.

The following are the detailed steps:

Step 1

Situation Analysis

Vaccination services are not new and it is important to build them on the base that is already existing. The situation analysis at Mandal level tells us the need for such an intervention. This exercise need not be taken up in situations where; the mortality rates are low; the department's services/ out reach is high and effective, and where community based organisations are non-existent. The following are the process steps in situation analysis:

- Collection of livestock data from secondary sources such as livestock census, previous year's vaccination coverage etc, that is available with the DoAH at the Mandal level. This data can be supplemented by quickly generating primary data by the MMS for each village using their book-writers of SHGs. This can serve as a bench mark data for future evaluation.
- Undertaking an initial participatory situation analysis in sample villages by a team of the MMS, DoAH and an external facilitating agency. This analysis will identify the type of livestock, mortality rates, incidence of diseases & preventable diseases, access to health services, effectiveness and outreach of the veterinary institutions, and availability of trained animal health workers.
- Linkage or liaison with the local Veterinary Doctor and getting aware of the programs of the AH Department.
- Assessment of mortality rates, effectiveness of present service delivery mechanisms based on the above exercises to arrive at the need for further intervention.

STEP 2

Multi-Stakeholder Workshop at District Level

A district level workshop should be organized with the DoAH, DRDA, DWMA, MMSs and the Facilitating Agency, Mandal Coordinators of MMS, representatives of Village Organisations, Gram Panchayats, Watershed Committees and Livestock Rearer groups could be the participants. The purpose of the workshop is to identify the gaps and arrive at a commonly agreed framework on different livestock related activities. The following aspects need to be discussed and finalized in this workshop:

- The modalities of indenting for and supply of vaccines by the community based organisations – village level indents for vaccines, mandal level aggregation of indents, submission of the aggregate indent to DoAH.
- Fixing vaccination charges for animal health workers for different types of animals; this also includes costs of equipment like syrenges.
- Supply of vaccines, maintaining the cold chain, mandatory record keeping requirements.
- Fixing responsibilities of various actors including - monthly scheduled meetings of MMS, GP representatives and AHWs with local VAS, One of the important aspect of this exercise is to decide on - who will, and how to, initiate the vaccination events.

STEP 3

Institutional tie-up with Animal Health Workers (AHWs)

Several organisations and programs have trained AHWs. Some of these workers are trained intensively while others are trained in vaccination skills. The services of this skilled base could be utilized. But, as their services are needed only during the vaccination events, salary based hiring could be avoided. For institutional tie up with the AHWs, following steps need to be followed.

- Preparing a list of persons trained in livestock vaccination under various programs of government and non-government organizations, in consultation with local veterinary department.
- Assessing capacities of the identified AHWs through written exam and personal interviews; by the local Veterinary Assistant Surgeon (VAS), representatives of the MMS and Gram Panchayat.

In APDAI, MMSs have conducted written tests and interviews for identifying eligible AHWs. A criteria for selection was made, which incude: educational qualification of minimum 10th class, nativity of respective village, maritas status (preferably married) and willingness to work against service charges. A total of 16 persons were identfied in thsi process and categorized into 3 grades (A, B, C), basing upon their knowledge and skills. Refresher courses were organized according to these grades and the needs of the selected persons.

- Organizing short-(refresher) training for the AHWs with help from the DoAH on the basis of training needs assessment during the interview. The main focus of this course is on livestock vaccination and institutional arrangements.

Establishing collaboration of AHWs with the MMSs:

A joint meeting of the MMS and Veterinarians from DoAH with the identified Animal Health Workers (AHWs) is to be organised and the linkages between them need to be formalized.

STEP 4

Preparing & Submitting the Indents

Preparing and submitting 'aggregated Indents for vaccines' is an important instrument for Community Managed Vaccination Program. The indents can be based on;, a) the livestock census b) the previous years' data c) primary survey. In the first year it would be useful to organise a primary survey through the group facilitators of the SHGs. Creating a mechanism of Annual Indents reduces the transaction costs.

At present, vaccines are indented through the Veterinary Assistant Surgeon (VAS).

Based on the experience in APDAI, it is strongly recommended that a single window for vaccine Indenting be created at the district level by the Animal Husbandry Department. Any livestock group or MMS or Gram Panchayat or any Community based Organisation would be able to submit their indent at this window after getting the approval of the VAS at the Mandal level. Vaccines can be supplied by the VAS against this indent.

Vaccine Indent from livestock groups / villages is also an instrument for demand generation and awareness rising among the stakeholders. The indent sheet should have all the details including types of animals, number of animals, number of animals to be vaccinated and total service charges to be collected etc.

Since timing of vaccination is critical, the process of indenting for vaccines need to be completed sufficiently in advance.

Each VO along with the Gram Panchayat should prepare its indent and submit to the MMS. The Mandal Livestock Coordinator at the MMS should compile all these indents, check it against the livestock census and after approval of the Mandal forum, submit it to the AH Department.

STEP 5

Scheduling the Vaccination Events and Establishing a Mandal level Platform

It is important to establish a Mandal / Block level Forum for livestock vaccination. A joint meeting of the representatives from MMS, Village Organisations, Lvestock based Common Interest Groups, Sarpanches of Gram Panchayats, representatives of the intermediary Panchayats and Doctors from the DoAH, identified animal health workers is to be organised. Modlalities for organizing the vaccination event, vaccination charges, responsibilities of the vaccinators, statutory documentation requirements, storage and handling of vaccines etc could be discussed in this meeting. If the vaccines are not available with the DoAH or if they are available on part-subsidy, the MMS should invest on purchase of vaccines. This amount could be recovered along with the service charges at the time of vaccination. Ideally this investment can come from a Livestock Vaccination Fund that can be created at the MMS level.

This Forum / platform forms an important mechanism for disease surveillance and for triggering the vaccination events in specific cycles. Annually 4 or 5 such meetings are required. The responsibility of organising such convergent meetings must be fixed with a person (either in DoAH or in the Mandal Office). Establishing a regular annual schedule for these meetings will help in streamlining the vaccination programs; it will serve as a monitoring and review platform.

The village-wise schedule for vaccination within the Mandal should be drawn in the meeting of the MMS, Sarpanches, Village Organisations and the Animal Health Workers organised in the presence of the VAS. The aggregate bulk indents for specific vaccines can also be finalized and submitted to the DoAH in this meeting.

STEP 6

Organising the Vaccination Events

It is helpful to form a small sub-committee for vaccination in the village consisting of members of VO, Gram Panchayat and livestock groups.

Gram Panchayat and the Village Orgnisation along with any livestock groups should identify a suitable place in the village for organising vaccination. They should also identify a person to collect vaccination fee at the camp.

Gram Panchayat should publicize the event in the village, a day before vaccination. All the relevent information including date, time, place and cost of vaccination (service charge + cost of vaccines, if purchased) need to be given to the community. Executive Committee members of the Village Organization and the responsible Gram Panchayat members should play a vital role in this process. Village Organisation and its staff should communicate the vaccination program to all the SHG members.

In APDAI, ward-wise awareness campaign was jointly taken up by the Gram Panchayat and Village Organisation on preventable livestock diseases and the need for vaccination. It helped substantially in preparing the community for the events, Such campaigns are necessary till the systems are standardized.

The experience has also shown that it is difficult for the Animal Health Workers to recover the service charges by themselves, even though the charges involved are very small. This has been one of the reasons for failure of service charge based livestock services. With such experiences in view, the responsibility of collection of service charges and payment to the Animal Health Worker is vested with the village organisation in APDAI.

In APDAI, bulk purchase of HS&BQ combined vaccine and FMD at rate contract from the company in Hyderabad directly helped in reducing the costs.

MMS should procure the indented vaccines from the VAS and stores them properly.

Maintenance of a cold-chain is important for some vaccines. Wherever vaccines are not supplied by the government, they have to be procured from the market.

The Animal Health Workers should take these vaccines on the designated day from the MMS before attending the vaccination camp.

At the vaccination camp, a person need to be designated to record the data and give a token to the farmer. This person should be paid daily wage. The Animal Health Worker should provide vaccination after collecting the token from the farmer.

The Village Organisation should settle the accounts at the end of the day and pay the Animal Health Worker. The camp-organiser who issue tokens should also collect the data (type and number of animals, vaccination, charges of vaccine and service charges paid) and obtain signature of the livestock owner which need to be be submitted to the DoAH later on.

In cases where the SHGs decide to recover the vaccine costs from the savings of their members, they may issue vaccine tokens to the members and the Village Organisation could recover the payment from the respective groups. The needed documentation must be maintained at the vaccination camp.

If MMS access Government vaccines, only service charges could be collected. Otherwise, like in the case of FMD, both cost of vaccine and service charges could be collected from the farmers. Cost of the vaccine charges need to be paid back to the MMS, which has invested on it initially.

Depending on the necessity, Animal Health Workers should go to houses/ hamlets/ farms to do vaccination and collect service charges by themselves. If the livestock population is substantial, two or more days can also be scheduled per each village. Usually vaccination should be carried out early in the morning i.e around 7a.m.

The committee responsible for the vaccination event / village organisation should consolidate the data on vaccination / consumption of vaccines, payments received from farmers etc. They should pay the Animal Health Worker as per the agreed terms and also repay the cost of vaccines (if any) to the MMS. A copy of the list of farmers whose livestock received vaccination duly signed by the individual farmers should be submitted to the local VAS. It is important that the VAS of DoAH is involved in the program totally.

It must be noted that the vaccination program must be strictly taken up under the supervision of a qualified veterinarian as per the caluse 30 B of the Indian Veterinary Council Act, 1984. As per this caluse, qualified veterinarian means any person who has been trained for atleast 45 days to develop his/her skills, in a registered and recognized institution and obtained a certficate for conducting animal vaccination and provide minor veterinary services except Artificial Insemination.

The earnings of the AHWs during the vaccination event ranged from Rs 500/- - Rs.2000/- in AP DAI program. The charges were Rs.2/- for large animals and Rs 1/- for small animals

STEP 7

Submitting Records to the Department of Animal Husbandry

After completion of the event, the records and the left-over vaccines should be compiled at the MMS level and submitted to the Animal Husbandry Department along with a summary report. It is most important that the MMS facilitates all this processes.

Pre-requisites for an Effective Vaccination Service Delivery:

Establishing Disease Surveillance Mechanims The first round of vaccination program taken up in such a convergence mode helps in consolidating a Mandal / Block level platform. A monthly meeting of such a convergence platform anchored by the VAS will provide valuable information on disease spread across the block/ mandal. Representation from livestock groups in this platform brings in the stakeholder concerns. Appropriate formats, structured and informal communication across the Mandal with the VAS will help in disease surveillance. For this to happen, the DoAH must make the monthly disease surveillance meetings as its institutional mandate and allocate budgets (mainly travel costs of participants) for the monthly meetings.

Calander of Vaccination / Vaccination Schedule: Based on the disease incidence and livestock population in an area DoAH may have to fix an annual vaccination schedule. This helps in institutionalisation.

Triggering Quick Response Vaccination Events : In the AP DAI experience, it is strongly felt that specific responsibility at Mandal / Block level for triggering vaccination events is crucial. It would be worthwhile to have one personspecially appointed for the purpose of coordination of Livestock Health initiatives, to liaison among VAS, MMS/VOs, GPs and Livestock Groups, maintaining vaccine indents, supply and proper storage. Such a person can be appointed by the MMS and he/she could coordinate with VAS on a day to day basis. It is a worthwhile and much required public investment in view of the presently high mortality and morbidity rates. Such a dedicated facilitator would also enable the DoAH to quickly respond to disease outbreaks resulting directly or indirectly from Climate Change.

Revolving Fund for Livestock Health Services: Vaccines for diseases like ET are supplied by the government free of cost. But, FMD and HS&BQ combined vaccines are either not supplied or supplied at a subsidized rate. In such cases, the service charges include the cost of vaccine. It is rather difficult to collect these charges ahead of the vaccination event to procure vaccines. Investments are also needed on equipment. This necessitates the creation of a Livestock Revolving Fund for those villages accepting to take up vaccination. Creation of such a fund (approximately Rs.25,000/- per Mandal) with the MMS would enable smooth flow in organizing the program.

Infrastructure:

Investments need to be made on maintaining the cold chain and vaccine storage. Initial investment on a refrigerator at MMS level and/or at a cluster of villages would be necessary along with vaccine (ice) containers.

Building Redundancy in Animal Health Workers:

At present, the vaccination, deworming and primary livestock health care services are considered as the mandate of the AHWs. An intensive training and certification is also required for this purpose. But, livestock vaccination can be a stand-alone skill and vaccinators can be trained in a short period for the purpose. As vaccination programs are always taken up in a campaign mode there is a peak in the demand for vaccinators. For this reason, it is strongly recommended that several workers must be trained in livestock vaccination service delivery; as this will ensure meeting the peak demand for skilled vaccinators.

Many of the traditional small ruminant rearers have the skills of vaccination. It would be useful to select AHWs from these traditional rearers. In case these rearers want to vaccinate their flocks by vaccines may be supplied after organising required training for the rearers.themselves

Awareness Campaign:

Orientation programs for SHGs and livestock groups and ward-wise awareness campaigns based on the mortality assessment in the village substantially improves acceptability of vaccination programs.

Single Window-Supply of Vaccines for Community Based Organisations (CBOs):

Going through the hierarchies within the DoAH results in delays. Creation of a district level window for taking in authorized (by VAS) vaccine indents from CBOs for supply of vaccines reduces transaction costs and time.

It is important that investments are made on the above aspects and in the creation of institutional mechanisms. Livestock vaccination is critical to both Animal Husbandry and Rural Development Departments and must be taken up in collaboration with both.

Service Delivery on a Community Platform…
Glimpses of an experience of Kosgi MMS

WASSAN, with the support of Mandal Mahila Samakhya has been facilitating livestock vaccination in Kosgi Mandal of Mahabubnagar district in Andhra Pradesh, since 2006. Initially it was started in 5 villages but later it was extended to another six villages. In the first year, 280 animals were vaccinated, but the number is increasing consistently over the years. While 525 animals were vaccinated in 2007, the number increased to 601 in subsequent year. With the extension of program reach, the number increased to 1698 animals in 2009. The extension was possible due to the consistent efforts on building the pool of trained Animal Health Workers. A Livestock Coordinator was also placed at Mandal Head quarter to oversee the program.

Proximity of villages to the mandal head quarters, active involvement of respective Village Organizations and the filed level activists contributed in effectively implementing the program. Local Veterinary Assistant Surgeon Mobility of the AHWs became easy as the villages were nearer to each other. A total of 16 AHWs were selected and they were given refresher trainings. More than half of these AHWs are actively providing the services. On an average, the earnings of an AHW are in the range of Rs 1500 – Rs 2500, in an year. They are working 30 days in an year, with four hours of daily working. The earnings per day comes about to Rs 83 (minimum Rs 50 and maximum Rs 200 per day), based on the number of vaccinated animals.

Details of Service Charges and Earnings for AHWs in APDAI

Service charge for Large Ruminants (LR)	(Rs)	2
Service charge for Small Ruminants (SR)	(Rs)	1
No. of Para Workers	(Rs)	6
Average number of working days by a para worker		30
Earning from LR	(Rs)	12590
Earning from SR	(Rs)	2380
Total earning (through service charges)	(Rs)	14970
Total earning /Para worker(average)	(Rs)	2495
Earnings per day (average)	(Rs)	83.16
Earnings per day (average - Minimum – Maximum)	(Rs)	50-200

"... It would be good, if we get minimum assured amount..."

".... I belong to a farming family, of shepherd community. I have been trained as a Sheep Extension Worker and also as Gopal Mitra by the Animal Husbandry Department. I am working with local MMS as an AHW since 1996.... I take service charges for doing vaccination and this is Rs.2 per a large ruminant and Rs.1 per a small ruminant... I feel this is good, if animals are brought to one or two places in the village. In that case, I can vaccinate 200 animals in four hour and earn a minimum of Rs.100 and a maximum of Rs.300 per day. And these earnings are just of four hours of working in a day. Usually, I start the vaccination at 7 A.M and close at 11 A.M. After the completion of vaccination work, I do other works which includes farming. I cover nearly 4-6 nearby villages, which are within the radius of 6 Kms. As I don' have my own vehicle, I take help of my friends who have two wheeler, to reach out the villages, early in the morning. Like this, I get 35 days of work in an year and earn Rs.3500 – 5000 per annum.

.... I have my own problems in delivering these services. Few farmers demand door-step service delivery as their animals are in sheds (Pasula kottalu) in the fields. Sometimes I have to go to such places, which are at a distance of nearly 2 Kms, just to vaccinate a few animals. This is not remunerative, as much time is wasted and animals to be vaccinated are less. I feel, the service charges should be increased to Rs 3-4 for door step services. .

.... I think certain measures are needed so that the interest of the AHWs would sustain in extending their services. Apart from vaccination, first aid has to be attached to AHWs; For doorstep services, charges should be increased; Farmers need to be motivated to bring the animals to one or two places in the village so that it would be easy for us: More awareness is to be created among the farmers about the losses with the diseases which are mostly preventable; Sometimes, the responsibility of collecting service charges is left to the AHWs, this should be done away with; We are at loss in most of such situations. It would be good, if MMS/VO could pay minimum assured amount to the AHW. Otherwise, if the animals are not brought, he loses his time..."

MALLESH,
Animal Health Woker (AHW),
Malreddypally,
Kosgi, Mahabubnagar