SPARC
Supporting Pastoralism and Agriculture in Recurrent and Protracted Crises

MARKETSHARE ASSOCIATES

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POLICY BRIEF

BEHAVIOURAL AND NORMS-RESPONSIVE ANIMAL HEALTH SYSTEMS FOR PASTORALISTS IN ETHIOPIA AND KENYA

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Key findings

- **Pastoralists, especially women, face limited access to quality animal health services (AHS)**, which are often under-resourced or costly. Stakeholders, including agro-veterinary shops, private veterinary providers, community animal health workers (CAHWs) and national bodies, should collaborate to improve last-mile delivery of AHS through inclusive, market-driven approaches.
- **Pastoralist women face specific challenges in accessing AHS**. In addition to physical service delivery, existing AHS must be made more inclusive and responsive to the needs of women pastoralists – such as developing accessible services with consideration for social normative and mobility constraints.
- **Pastoralists, especially women, must be enabled and encouraged to equitably access and understand preventative care**. This includes closing the literacy and animal health information gap between women and men pastoralists, with AHS providers leading information dissemination, supported by governments, pharmaceutical companies/representatives, local leaders and media.
- **Facilitating women's uptake of innovative financial products and digital solutions can improve women's ability to access and pay for AHS**. A collaborative bundled service provision model between AHS providers, financial institutions and private sector livestock service providers could ensure pastoralists, especially women pastoralists, have access to all necessary inputs/services in combination.

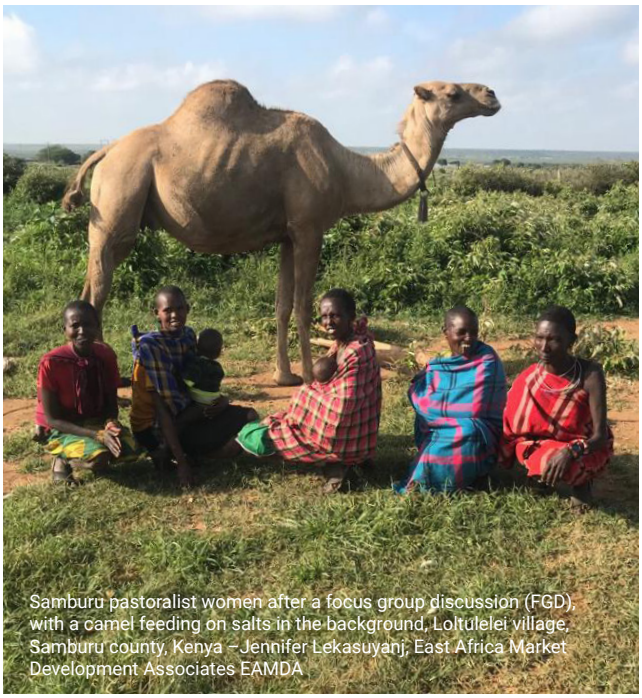
Introduction

Pastoralism supports livelihoods for millions of people in marginalised and underserved regions around the world. But it is increasingly threatened by challenges tied to conflict and climate change (such as constrained drought and water/fodder scarcity, floods, insecurity, accessibility and affordability of AHS, among others).

Exacerbated by limited AHS provision and constrained demand, pastoralist communities now experience more livestock mortality and lower production than before and than their counterparts in the highlands and less vulnerable contexts do – emphasising the urgency to develop better systems for AHS delivery in these communities.

Due to the complex environment pastoralists operate in, solutions must be tailored and context-appropriate, addressing specific needs such as mobile lifestyle and other pastoralist community considerations.

Most research on animal health among pastoralist communities has focused on identifying structural barriers that constrain pastoralists' access to AHS. It has meanwhile given limited attention to learning about the behavioural, normative and social drivers underpinning animal health-seeking practices. These are factors that are particularly important as they considerably influence whether and how pastoralists, especially pastoralist women, interact with AHS.



Samburu pastoralist women after a focus group discussion (FGD), with a camel feeding on salts in the background, Loltulelei village, Samburu county, Kenya – Jennifer Lekasuyanj, East Africa Market Development Associates EAMDA

Research from across sub-Saharan Africa demonstrates pastoralist women's involvement in livestock management and responsibility for animal health, but there is limited evidence of what works to deliver AHS in a gender-inclusive manner. Most studies focus largely on formalised animal health systems and seldom consider other informal structures through which animal health information, services and products are delivered.

> *There is no milk production in this time. Drought devastated the livestock. You possess just one or two cows, or a few. No people have such milk production to sell and generate income.*
>
> **Adult female, Adde Galchat village, Oromia regional state, Ethiopia, FGD**

To fill this knowledge gap, Supporting Pastoralism and Agriculture in Recurrent and Protracted Crises (SPARC) partnered with MarketShare Associates (MSA) to conduct a field-based study aimed at exploring gender-inclusive approaches[1] to AHS delivery in Ethiopia and Kenya. The research covered four pastoral communities in the Oromia and Somali regions of Ethiopia and Isiolo and Samburu counties in Kenya.

The study applied a systems lens to deliver context-specific and actionable insights relevant to public and private sector actors working to improve gender inclusion in the access to and use of quality animal health services, products and technology. This was all towards achieving and sustaining increased productivity and returns for pastoralists in arid and semi-arid lands (ASALs).

This work explores three research questions:

1. How do pastoralists interact with animal health delivery systems?
2. What are the behavioural drivers and social norms that influence the ways in which pastoralist communities, particularly women, interact with animal health delivery systems?
3. What can AHS providers do to make access to, and use of, AHS and products more responsive to gendered social norms?

1 Gender-inclusive approaches are understood as those that ensure that policies, programmes and practices recognise and address the diverse needs, roles and experiences of all genders, promoting equitable participation and benefits.

Answering three key research questions about gender-inclusive approaches to animal health

To address the research questions, MSA conducted a literature review, key informant interviews (KIIs), in-depth interviews (IDIs) and focus group discussions (FGDs) with pastoral community members, AHS professionals, relevant government officials, and other market actors in Ethiopia and Kenya, at the community, regional and national/federal level.

In total (across both countries), 344 individuals participated in 184 KIIs, IDIs and FGDs. The team ensured inclusive research sampling by: (1) adopting gender and age quotas for community interviews and FGDs; (2) disaggregating FGDs by gender and age whenever feasible, while considering cultural dynamics that could impact full participation in mixed groups; and (3) applying questionnaires tailored to different genders, age groups and actor types.

The following are key findings from the study.

Research question 1: How do pastoralists interact with animal health delivery systems?

AHS are inaccessible to pastoralists. When they are within reach they tend to be inadequately resourced or too costly leaving pastoralists to self-treat their animals using conventional and ethnoveterinary practices. The structure of AHS differs across Ethiopia (public-led; AHS is federal mandate) and Kenya (private-led; AHS mandate is devolved to county governments). However, the outcomes for women pastoralists in terms of access and use of services **are not starkly different** across the two countries in the communities studied.

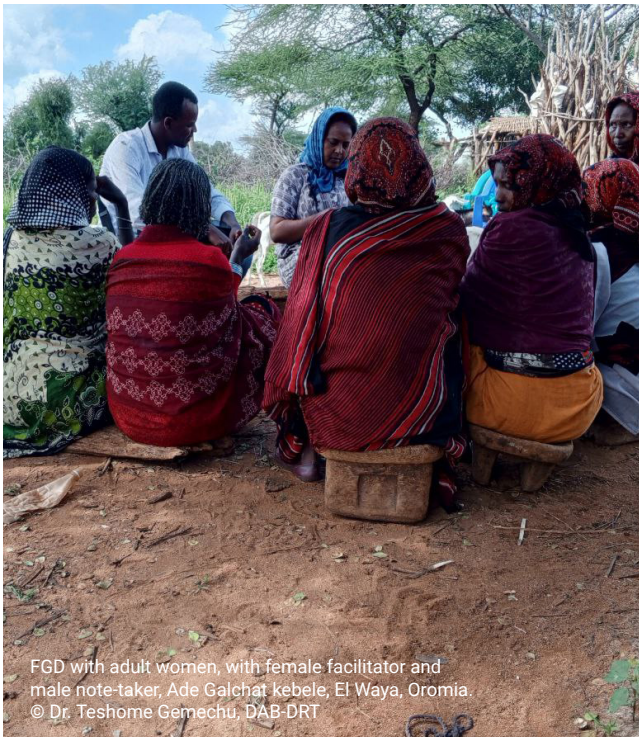
Women actively lead AHS management when they are a household head (i.e. widowed or divorced), **or their male partner is unable to perform AHS duties due to sickness, travel or animal-related emergencies**. Pastoralist women across Ethiopia and Kenya disproportionately face specific challenges with accessing AHS, including time burdens, mobility constraints, insufficient knowledge about animal health, and constrained access to financial resources, among others.

To tackle these challenges, enhancing last-mile AHS delivery is crucial, especially for women pastoralists. Achieving this will require stronger public–private partnerships (PPPs) that consider the mobility, time and financial constraints that women disproportionately face. One example is utilising PPPs to sustainably provide AHS through a CAHW model (including affordable financing of CAHWs and cost-effective transportation).

Research question 2: What are the behavioural drivers and social norms that influence the ways in which pastoralist communities, particularly women, interact with animal health delivery systems?

Gender roles are becoming more flexible, with both men and women leading livestock management and using an all-hands-on-deck approach. This transformation is mostly due to external changes, including climate change, creating more work overall. Some study participants even shared that due to their evolving roles, women's work burden is increasing more than men's, the latter not having changed much.

> *It is not appropriate because during our ancestors' time, women do not look after the animals. Even the sick ones are being taken care of by children, closely supervised by other men. But nowadays, children go to school and animals need someone to look after them, and that is how women are involved. And that is not appropriate because men are not adapting to women's roles, like cooking, to support them.*
>
> **Adult female, Garbatulla village, Isiolo county, Kenya, IDI**



FGD with adult women, with female facilitator and male note-taker, Ade Galchat kebele, El Waya, Oromia. © Dr. Teshome Gemechu, DAB-DRT

FGD with adult pastoral men. Ade Galchat, Ethiopia.
© Dr. Teshome Gemechu, DAB-DRT

One big challenge is illiteracy level, and I find it difficult to explain the exact kind of drugs I need for the animals. I cannot read and understand the instructions on the drugs, but I will need a person to assist in reading and explaining the dosage to administer. Sometimes, I can forget, and I cannot use the drug until I get someone else to read the instructions.

Adult female, Kamunyei village, Samburu county, Kenya, IDI

Women face normative constraints surrounding decision-making and AHS consultation. Women are still dependent on men for permission and guidance when seeking AHS, due to women's limited formal animal health knowledge and men's historically primary role in animal health matters.

In some pastoral communities, women cannot freely interact with the predominantly male AHS providers, further limiting their access to advisory information. Increasing the number of women service providers or exploring digital solutions such as mobile apps are medium-term opportunities to overcome these limitations.

Pastoral women are more likely to depend solely on weekly markets for medicines due to time and mobility constraints, whereas pastoral men are better positioned to access the full range of AHS providers in distant towns. While network access is limited, mobile phones are used by some pastoralist women (and men) to contact and send for AHS providers or animal health supplies.

Study participants noted that women face significant disadvantages in accessing animal health information, particularly in Kenya.

Women's access to animal health information is constrained by their limited participation in community meetings and training opportunities provided by the government, non-governmental organisations (NGOs) and veterinary professionals.

While women may eventually receive second-hand information from men, it is often reduced in both detail and accuracy once it reaches them. A possible short-term solution is to hold mediated meetings/consultations between women pastoralists and male service providers in the presence of community leaders to increase trust and encourage women to speak with providers.

Yes, there are challenges I face when seeking AHS due to communication barriers between men and women in the community. Most AHS providers are men and therefore I cannot freely interact with them [in] the same way as men who get more information on livestock care and treatments.

Adult female, Barsaloi village, Samburu county, Kenya

Research question 3: What can AHS providers do to make access to, and use of, AHS and products more responsive to gendered social norms?

Bringing AHS and products closer to pastoralists, especially pastoralist women, through last-mile delivery is critical. Improved last-mile delivery through PPPs is inherently more inclusive for women, who face mobility and financial constraints to travelling to access AHS, than existing delivery systems are.

In Ethiopia, PPPs have the potential to develop more rapidly given the public-led nature of the country's AHS system. By leveraging public funds to demonstrate the business case, private sector engagement can be accelerated. The government at different levels can also leverage these partnerships by providing policy support, co-investing in key initiatives, and facilitating linkages between public and private actors to strengthen the AHS system.

In Kenya, where AHS are private-sector-led, donor-funded development programming may be required to support the public arm of a PPP to overcome the infrastructure and security gaps in ASALs. Further exploration of mobile AHS provision is recommended towards widening last-mile delivery of AHS.

A deeper assessment of a PPP delivery model is needed to ascertain men and women pastoralists' willingness to pay and afford AHS (i.e. financial sustainability of delivery in these hard-to-reach contexts). So far, there is limited evidence with mixed findings.

AHS must become more inclusive for women. Men primarily dominate AHS provision and delivery in pastoral areas. In patriarchal pastoral areas, women often cannot freely interact with men outside the household. This limits women's access to valuable interactions with providers like agro-veterinary shops, and especially information gained from consultations when buying medicine.

Conclusion

Over time, pastoralists in Kenya and Ethiopia have adapted to the challenging conditions that characterise ASALs. However, a variety of present day stressors and shocks (including from climate change, resource conflicts and government policies) have brought about changes in the livelihoods and roles and responsibilities of pastoralists – many disproportionally affecting women.

Lack of gender-inclusive and norms-responsive access to quality AHS compounds the stressors that pastoralists, particularly pastoralist women, already face.

Pastoralist women in Samburu county, Kenya.
© Jennifer Lekasuiyan, EAMDA

Supporting women pastoralists to be at the centre of preventative animal health may help improve the productivity and returns of the livestock sectors in Kenya and Ethiopia A number of investments through PPPs, including those recommended from this research, are needed to close the animal health information gap, improve last-mile delivery, and leverage digital and financial tools.

Moreover, all these efforts need to be undertaken considering changing gender roles and relations and the various ways in which women pastoralists interact with AHS systems.

Recommendations

Kenya and Ethiopia face comparable challenges in making AHS more gender-inclusive for pastoral communities. However, key differences exist in the structure of interventions, actions and the development of PPPs across the regions studied.

This section outlines broad recommendations that can be applied to the specific contexts of each country. In the **more privatised Kenyan context**, the primary actors who could drive these initiatives would likely be development agencies working in collaboration with private actors (especially AHS products and services distributors and retailers), and county governments.

In the **public-sector-driven Ethiopian context**, a more integrated approach would be needed, where the government leverages partnerships with development agencies to test and scale initiatives that enhance private sector engagement in PPPs.

TABLE 1. KEY RECOMMENDATIONS

Recommendation	Country	Actors
Increase the number of women AHS providers and support them to continue to sustainably operate	Kenya	▪ Public–private partnership (PPP) (development actors, in partnership with pharmaceutical distributors, through agro-veterinary shops/last-mile providers) ▪ County Department of Veterinary Services (DVS) ▪ Kenya Agricultural and Livestock Research Organization (KALRO)/Kenya Veterinary Board (KVB)
	Ethiopia	▪ Federal and Woreda veterinary services (Ministry of Agriculture – MOA) ▪ Ethiopia Veterinary Association (EVA) ▪ Pastoralist Forum Ethiopia (PFE)
Facilitate mediated meetings/consultations between women pastoralists and male service providers; for example, in the presence of community leaders (or even their spouses) to increase trust and enable women to engage freely with providers.	Kenya	▪ Development agencies
	Ethiopia	▪ Woreda/county veterinary services
Explore digital solutions that may allow women to interact with providers remotely	Kenya	▪ PPP
	Ethiopia	▪ PPP
Facilitate women's uptake of innovative financial products that could improve women's ability to pay for AHS This may need to be coupled with more research on willingness to pay, tied to bundled service provision suggested below, and especially targeted at female household heads.	Kenya	▪ Development agencies in partnership with financial service providers
	Ethiopia	▪ Development agencies in partnership with financial service providers
Advance pastoralists' uptake and improve individual/systems resilience through bundled service provision; fostering trust and cooperation, connectivity and information flows. Bundling may also reduce the additional time burden women face when accessing services individually.	Kenya	▪ PPP
	Ethiopia	▪ PPP
Continue to close the literacy and animal health information gap between pastoralist women and men Currently, pastoralist men have: (1) greater formal animal health knowledge (for sociocultural reasons[2]); (2) higher rates of education; and (3) (in Kenya specifically) better command of national languages. Promoting non-written AHS materials (to overcome literacy barriers for women), partnering with last-mile providers, or supporting NGOs and governments to prioritise inclusion in their AHS information-sharing may help close the gap.	Kenya	▪ National/county governments ▪ Development agencies ▪ Last-mile providers
	Ethiopia	▪ Federal/regional/Woreda governments ▪ Development agencies ▪ Last-mile providers
Ensure women's access to AHS information, including quality and pricing information, as well as information critical to diagnosis and dosing Women's access to AHS information must be institutionalised to minimise risk of women unknowingly receiving lower-quality services for higher prices.	Kenya	▪ Development agencies/civil society, in partnership with county DVS and last-mile providers
	Ethiopia	▪ Federal/Woreda veterinary health services ▪ Development agencies/civil society

2 Through information-sharing with other men, especially as men are more likely to travel or attend community meetings.

Recommendation	Country	Actors
Channel investments to enhance pastoralist women's access to proactive preventative care Prevention begins with understanding the value of early investments in livestock healthcare to minimise potential losses that can result from delayed diagnoses and treatment. Timely prevention is needed particularly for major contagious diseases that cause significant losses, but it needs to make financial sense for the AHS providers; otherwise, they will have an incentive to wait until it is too late, because treatment prices (and subsequent profit) may be more lucrative than prevention. This may include developing contextualised information campaigns that resonate with pastoralists, innovative models that incentivise regular interaction with providers, or extension services to raise awareness. For example, subscription models where providers meet regularly with pastoralist women to discuss prevention, charging lower but more frequent fees, could be effective for both parties and result in improved animal health outcomes.	Kenya	▪ PPP
	Ethiopia	▪ PPP
Support pastoralists facing extreme weather and shocks with targeted restocking solutions To effectively support pastoralists recovering from extreme weather and climate impacts, a potential short-term strategy is to restock small ruminants – often owned by women – through cost-sharing or co-purchase initiatives involving regional governments and funders. These efforts should be coupled with promotion of sustainable practices to ensure longevity.	Kenya	▪ Development agencies
	Ethiopia	▪ County/Woreda governments

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About SPARC

Climate change, armed conflict, environmental fragility and weak governance, and the impact these have on natural resource-based livelihoods, are among the key drivers of both crisis and poverty for communities in some of the world's most vulnerable and conflict-affected countries.

Supporting Pastoralism and Agriculture in Recurrent and Protracted Crises (SPARC) aims to generate evidence and address knowledge gaps to build the resilience of millions of pastoralists, agro-pastoralists and farmers in these communities in sub-Saharan Africa and the Middle East.

We strive to create impact by using research and evidence to develop knowledge that improves how the UK Foreign, Commonwealth & Development Office (FCDO), donors, non-governmental organisations, local and national governments, and civil society can empower these communities in the context of climate change.

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