

STRUCTURED SUMMARY

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

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Motivation

Millions of people in marginalised drylands depend on pastoralism for their livelihoods yet face mounting threats from conflict and climate change. Limited access to animal health services (AHS), and low demand for care, have led to higher livestock mortality and reduced productivity — putting entire communities at risk.

Real progress in delivering AHS requires a comprehensive understanding of the behavioural, social and gender dynamics of pastoralism. Despite pastoralist women playing a central role in livestock management, their influence remains largely overlooked.

Purpose

We set out to discover practical, context-specific and actionable solutions to help public and private actors expand gender-inclusive access to quality animal health services, products and technology. Taking a systems approach, we aimed to identify ways to enhance and sustain productivity and economic returns for pastoralists in drylands, focusing on three 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?

Approach and methods

To bridge the gap between knowledge and practice, Supporting Pastoralism and Agriculture in Recurrent and Protracted Crises (SPARC) partnered with MarketShare Associates (MSA) to study gender-inclusive AHS delivery in the field. We studied four pastoral communities in Ethiopia (Oromia and Somali regions) and Kenya (Isiolo and Samburu counties)

MSA combined a literature review with primary data collection, including key informant and in-depth interviews and focus group discussions. Data were gathered from pastoralists, AHS professionals, relevant government officials, and other stakeholders at community, regional and national/federal levels in Ethiopia and Kenya.

Findings

Pastoralists, particularly women, face significant challenges to access and use AHS. In both Ethiopia and Kenya, AHS are often inaccessible, under-resourced or costly, leading pastoralists to treat their stock themselves, drawing on their repertoire of ethnoveterinary practices. Women, especially those heading households or whose male partners are absent, actively manage AHS but face significant barriers in time, mobility, finance and limited animal health knowledge. Gender norms further restrict women's decision-making and interactions with male AHS providers; although climate change is reshaping roles and responsibilities.

Innovative solutions are needed. Expanding last-mile delivery through public–private partnerships (PPPs) and community models like community animal health workers (CAHWs) can improve reach and cut costs. Increasing women's participation in AHS provision, leveraging digital tools, and introducing mediated consultations can further enhance access. Strengthening PPPs — whether in Ethiopia's public system or Kenya's private model — is key to building sustainable, inclusive AHS.

Policy implications

- Policies must expand women's access to AHS, encourage their participation as providers, and make use of digital communications for remote care.
- Financial tools tailored to women's needs can help women pay for critical services.
- Bundled service provision can boost efficiency and reduce time burdens.
- Visual and audio materials can transmit AHS information to people with low literacy.
- Investing in preventive care and restocking, especially for women owners, is key to climate resilience.
- Sustainable solutions hinge on strong public–private partnerships and collaboration with local governments and development agencies.

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