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Skilling veterinary para-professionals for sustainable livestock sector development

(An account of the ongoing policy advocacy in India)

Miftahul Islam Barbaruah
Director, Vet Helpline India Pvt.Ltd.

A livelihood comprises the capabilities, assets and activities required for a means of living¹. In the context of livestock based livelihood, farm animals are the prime asset. Health and productivity of farm animals is crucial to sustain the livelihood. Health of animals are also related to health of humans and to the ecosystem health. Veterinary para-professionals including animal health workers at community level, who assist veterinarians are an important part of animal health care and animal husbandry extension delivery system in India.

The context of policy advocacy:

In India there is poor availability and access of affordable veterinary services in majority of rural areas. The services are also largely inadequate and discontinuous with limited focus on prevention of diseases. This is due to inadequate number of veterinary doctors and para professionals. The ranking of South Asian countries in terms of veterinary personal per square kilometer area is presented in Table-1

Adequacy of Veterinary Services in South Asia: Country Ranking in terms of personnel per Sq. Km			
Country	Number of Personnel	Number Per Square Km	Rank
Sri Lanka	3484	0.0616	1
Pakistan	12850	0.0531	2
Bhutan	793	0.03734	3
India	120098	0.036526	4
Maldives	2	0.0169	5
Bangladesh	8872	0.016	6
Nepal	14275	0.0067	7

TABLE 1 RANKING OF COUNTRIES IN SOUTH ASIA BASED ON VET PERSONNEL PER SQ KM (2012)

NB:

1. Total veterinary personal in India is estimated based on WAHIS, OIE data for 2012 and data of para-professionals (52000) as indicated in 2012 report of Indian planning commission.
2. Personal per sq.km for India is calculated taking area as 3.288 million Sq.m.

To fill the gap, there are many types of non-state or private actors who are active in veterinary service delivery in rural India. Veterinary services are regulated by law as it is related to public health and food safety. Veterinary council (A statutory body) in respective states declares list of minor veterinary practices (MVP) which para professionals are allowed to offer but only under the supervision of council registered veterinarians. While government employed para-professionals receives training in state run institutes and operate under government service rules, private or non-state service providers are neither recognized nor monitored officially by agencies mandated to ensure quality veterinary care and public health. The effort

¹ Chambers Conway's definition of livelihoods. The same is also adapted by DFID, UK

initiated by some NGOs and other private agencies towards the quality skill training of these non -state actors is not accredited or certified by appropriate authorities.

The situation has affected the quality of veterinary services and has led to exploitation of farmers, inadequate reporting of notifiable diseases and un-control use of drugs. This has ramifications in the context of public health and food safety. Unregulated para-veterinary services also have the potential to affect India's international trade of livestock products as importing countries are likely to raise the food safety and environmental issues like antibiotic residue in food and anti-microbial resistance.

However, the situation needs evaluation in the context of public finance constraint to support veterinary services and the fact that many aspect of veterinary service such as curative care to animals in farms are private good. Private para veterinary professionals are indispensable in the absence of sufficient number of registered veterinarians in remote rural areas. World Organization of Animal Health (OIE) has been highlighting the need of promotion of para-veterinary services but with proper regulation only.

The discussion above indicates the need for an advocacy campaign for policy initiatives so as to aptly recognize various private occupation in para-veterinary context essentially ensuring appropriate skill training, registration with statutory body, inter-state career mobility and monitoring as per law.

The challenges:

India is a vast country with local variation in veterinary service requirement and husbandry practices. Veterinary services are state subject as per seventh schedule of constitution of India and in recent years' states are further decentralizing veterinary services to local self-governments. Standardization of skill training curriculum at the country level with an aim to ensure inter-state mobility of trained para professionals is therefore a challenge. Unlike in developed countries, because of predominant small-holder practice, veterinary services in India cannot be easily dissociated from animal husbandry extension. Para professionals are also required to assist government agencies in preventive disease control, public health and food-safety. The training therefore cannot be exclusively treatment oriented. Mapping the multiple job profile of various para veterinary professional categories as seen in different states is therefore crucial.

In India, of late, various private and public organizations are promoting projects that focuses on training special cadre of community level workers. They are being aptly named as "*Pashu Shakhis*" (meaning friends of animals). *Pashu shakhis* are primarily women farmer leaders who are trained to address the basic extension and health care need of mostly small animal and poultry farmers within the immediate community. They are encouraged to earn from community services pertaining to animal health care and livestock / poultry extension. There are other categories of community level workers known as "*Prani bandhus or Gopal mitra*" or Artificial insemination technicians who are trained for short period to perform artificial insemination and basic vaccination of mostly large animals. Many state governments and public funded agencies are even outsourcing services of *Prani bandhu's* for meeting the targets of ambitious crossbreeding programs in dairy animals. Many states in India consider artificial insemination (AI) as husbandry activity and as such have recently removed such service from the list of minor veterinary practices. This means artificial inseminators in these states no longer needs mandatory supervision by registered veterinarians. This recent initiative to remove artificial insemination from list of minor veterinary practices is debatable as artificial inseminators often provide minor veterinary services which others have to provide only under supervision of registered veterinarians. There are initial evidences of

some success of the projects that promoted Community Animal Health Workers (e.g. *Pashusakhis*) and Artificial Insemination Technicians (e.g. *Pranibandhu*, *Gopal Mitra* etc.). However, the sustainability and impact of these projects are debatable in the context of possible indiscriminate use of drugs, need of maintaining animal welfare standards and surge in infertility problems in productive farm animals due to faulty insemination². Many experts are in view that, it is helpful to continue promoting these categories of people under the supervision of local self-government or farmers' organizations with primary focus on livestock extension instead of health care. They can preferably be categorized as community livestock extension workers. In such case, it will remain a challenge to develop an incentive mechanism to promote and sustain these workers till they are up-scaled as skilled category of community animal health worker (CAHW) suitable for recognition as a category of veterinary para professional capable of providing minor veterinary services as notified by statutory body regulating veterinary services.

Quality of formal education, social background and capacity, resource of trainees, demand for para professional services and resource constraint of training providers more particularly in the context of giving the trainees practical exposure are some of the basic challenges in skilling para professionals.

There are multiple stakeholder groups in India such as farmers' organizations, organizations of public and private veterinarians, industry associations, NGOs etc. Constructive debate involving all stakeholders are essential to bring in any change in service delivery scenario. However, opportunity and platform for same are limited. There is existence of mistrust between government and private agencies in many places when it comes to providing similar services. Interest groups do make efforts towards influencing the decisions of government agencies mandated with supporting any particular occupation often perceived as competitive. This becomes more complex when the particular occupation is a regulated occupation and there is a need for registration under a statutory body.

The advocacy:

During the year 2013-14, an organized effort was made to document the policy, legal and administrative constraints of using the services of actors outside the public sector/government mechanisms in the delivery of livestock health products and services across various countries. GALVmed (Global Alliance for Livestock Veterinary Medicine, a non-profit organization) supported the endeavour both in South Asia and Africa. The interest of GALVmed for such a support was linked to its mandate of sustainable poverty alleviation by making available and accessible animal health products (vaccines, medicines and diagnostics) to livestock keepers in the developing world, for many of whom livestock is the key means of livelihood. The South Asia report of the endeavour that covered India, Nepal and Bangladesh indicated the fact that non-state actors are not legally recognized and without pharmacy licence they cannot dispense drugs. Moreover, there is no provision in Drugs and Cosmetics Rules which permits private veterinary service providers to dispense drugs through mobile set up at the doorstep of farmers. It is to be noted that, in many remote rural areas in India, the number of pharmacies keeping veterinary products is very limited. Moreover, it is impractical to expect repeat visit of a veterinary para-professional to a farmer's place to administer drugs and vaccines once a farmer collects the medicine / vaccines from a pharmacy. In veterinary practice, herd health approach is more relevant. Treatment is often for a group of animals either in a farm or in a local area/ village. A veterinary para-professional needs to act on herd

² There is scope to gather more evidences on this and risk assessment thereof.

level prescription of registered veterinarian, as carrying individual prescription is not possible. As per current law there seems no provision / guideline for veterinarians to issue herd level prescription.

According to the provision of Indian Veterinary Council Act'1984 veterinary para professionals can only provide notified minor veterinary services and are required to be supervised by registered veterinarians. However, there is no statutory framework for effective supervision for use of private agencies employing para professionals. The report of GALVmed sponsored study recommended initiatives towards recognition of para veterinary occupations as skilled occupations and development of national occupational standards for each of such occupations. It highlighted, that standardized training is not only necessary for quality services but also is key to ensure registration of private actors under government regulatory framework including possible eligibility for application of pharmacy licence.

The report mentioned above set the tone for an advocacy campaign aimed at following five outcomes:

1. Legal recognition to non-state veterinary para-professionals ensuring their inter-state and career mobility.
2. Adoption of standardized framework in every state for supervision of para-professionals as envisioned in Indian veterinary council act.
3. Standardization and scope of accreditation of private sector training programs for various categories of para-professionals.
4. Policy incentive to augment need based availability of veterinary para-professionals.
5. Eligibility for pharmacy licence to qualified para professionals with relevant rules that can facilitate herd level prescription and door step dispensing from mobile pharmacy set up.

The achievements:

The GALVmed report was widely discussed in various platforms for engagement with government and semi government organizations mandated with skilling, veterinary service delivery and animal husbandry extension.

During early 2015, Agriculture Skill Council of India – a company promoted under the aegis of National Skill Development Corporation (NSDC), Government of India has reviewed the GALVmed report and have taken the initiative to develop National Occupational Standards (NOS) and corresponding Qualification Packs (QPs) for four categories of para veterinary occupations viz. Veterinary Field Assistants, Veterinary Clinical Assistants, Artificial Insemination Technicians and Community Animals Health Worker. It is to be noted that the qualification pack proposed for Artificial Insemination Technicians covers NOSs primarily pertaining to breeding and development project implementation only. It was assumed that since artificial inseminators operate without supervision of veterinarians they are legally not allowed to provide minor veterinary services. The exclusion of artificial insemination service from list of minor veterinary practices in majority of states in India make it difficult to justify naming of artificial inseminator as a category of para-veterinary occupation. This are however, grouped under para-veterinary occupations considering the fact that, in India veterinary care and husbandry services operate under same administrative set up. The draft NOS and QPs went through a long industry validation process and on 1st December, 2015 was finally uploaded to website of National Skill Development Corporation as version 1.1 of the standards. Agriculture Skill Council of India has already finalized the curriculum, assessment criteria etc. and have

started demand based affiliation of private training centres. Training of master trainers for community animal health worker training is now going on in full swing.



Figure 1 Glimpse of consultations at Krishi Bhawan, New Delhi related to Skilling of veterinary para-professionals

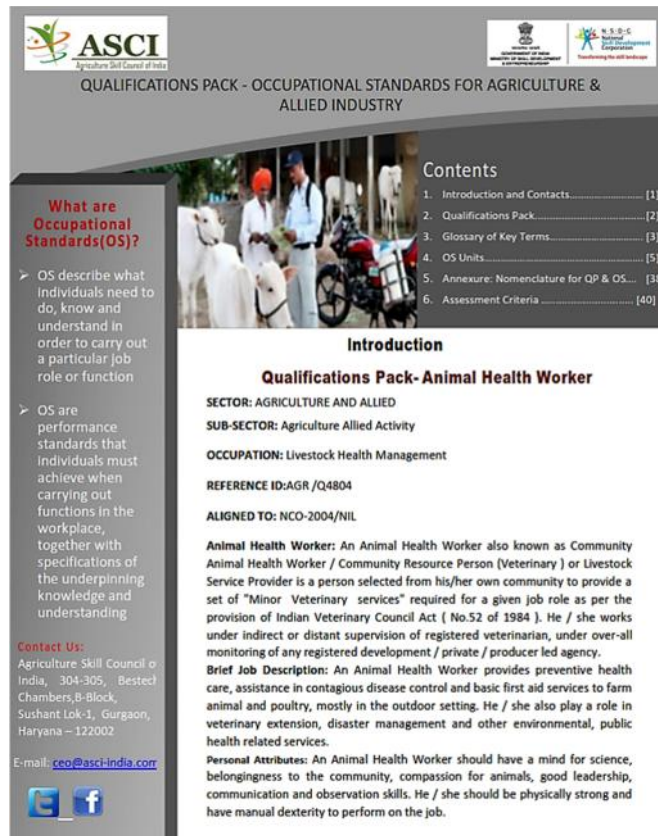


Figure 2 Glimpse of Qualification Pack for Animal Health Worker with NOS

The private vocational institutes who have taken affiliation from Agriculture Skill Council of India to provide para-veterinary courses will also be eligible for getting support from Government of India's flagship skill certification and monetary reward scheme called PMKVY (*Pradhan Mantri Kaushal Vikash Yojana*). The reward scheme will ensure direct transfer of incentive to trainees. This is likely to incentivise the para-professional training thus augmenting availability of qualified para-professionals.

A quick evaluation of the advocacy campaign indicated partial achievement of outcome as far as legal recognition of private veterinary para-professionals is concerned. This is due to the fact that Agriculture Skill Council of India who will now certify various categories of veterinary para-professionals is not a statutory body to recognize para-veterinary professionals. The veterinary council of India which is the only statutory body is yet to initiate formal debate on registering para-professionals and declaring supervision framework under appropriate provision of the Veterinary Council Act or through required amendment (if any).

The campaign is a success as far as expected outcome related to standardization and accreditation of veterinary para-professionals training is concerned. The fact that veterinary para-professional training providers will now get access to government incentive schemes under Ministry of Skill Development and Entrepreneurship is indicative of partial success as far as expected outcome on enhanced availability of para professionals are concerned.

No progress could be made as far as expected outcome related to eligibility of para veterinary professionals to apply for pharmacy licence is concerned. No action could be initiated for ensuring relevant changes in rules that can facilitate herd level prescription and door step dispensing from mobile pharmacy set up.

Importance of recognition of private veterinary para-professionals by veterinary statutory body:

The domestic public health challenges pertaining to food safety and anti-microbial resistance, animal welfare issues and related commitment to international agencies for trade requires that India ensures registration and monitoring of veterinary para-professionals under a primary act through a mandated statutory body. Absence of registration and monitoring can also lead to field level conflict in service delivery between veterinarians and veterinary para-professionals. The Supreme court of India in a recent judgement has already upheld section 30 of the Indian veterinary council act which makes supervision of veterinary para-professionals by registered veterinarian mandatory.

The missing link for final outcome of the advocacy:

The key missing link is inadequate stakeholder engagement to promote the developed standards for various categories of para-veterinary professional and CAHWs amongst private and public sector training institutions across the country. The concerns raised by some agencies mostly pertaining to minimum educational qualification criteria for selection of candidate for community animal health worker (CAHW) training program needs special attention. The engagement is also required to address perceived threat of government interference on training of private veterinary para professionals and community animal health workers.

The second important missing link is the inadequate engagement with veterinary statutory body to define the supervision framework and to regulate para-professionals. A very limited effort has been made to review the existing legal provisions for either a new primary legislation or a secondary legislation at the

level of individual states for registration of para professionals including community animal health workers. Veterinary Council of India's recent initiative to notify veterinary service / practice standards assumes significant importance in this regard as same can be an opportunity to bring in all stakeholders together for a discussion with an aim of creating a conducive environment for services rendered by private para-professionals and CAHWs. Much also needs to be done to ensure collaborative actions involving both skill development agencies and line departments providing veterinary, public health and livestock development related services.

The third important missing link is the inadequate mechanism to project demand of para veterinary service providers in any given area and need based training thereof. Too many para professionals in same operational area will affect the incentive framework making the occupations unsustainable.

Lastly, there is limited engagement with food and drug administration for changes / or appropriate interpretation in drugs and cosmetics rules in the context of facilitation of rural veterinary service and livestock health product delivery. The gap pertaining to lack of engagement with food and drug administration (FDA) as mentioned here is largely due to absence of a system of registration and monitoring of para professionals and CAHWs under state run authorities. Such registration and appropriate supervisory framework is mandatory before FDA can be approached for required changes for facilitation of health product delivery through private para-professionals / CAHWs to the door step of farmers in rural areas.

Way forward:

For the success of the advocacy it will be imperative to strengthen the team of change leaders who are behind this campaign. The team should essentially comprise of a mix of public and private sector representatives. More stakeholder interactions will help in bridging the missing links. One also need to evaluate the situation in human health sector (para-medical training and licensing) for possible learning that can be replicated. A communication strategy needs to be designed to address the perceived threats linked to recognition of para-professionals. Some practicing veterinarians sees services by para-vets as competition. Few within the bureaucracy perceive statutory registration of para-vets as threat. This is considering occasional incidences in health sector across various states where large number of health workers outsourced by government agencies have been agitating for permanent government job.

A study should be commissioned to develop a veterinary para professional / community health worker monitoring framework taking care of administrative structure of state veterinary departments and interest of private agencies, NGOs active in the field of veterinary service delivery. The Veterinary Council of India who is currently commissioning a study to NILERD (National Institute of Labour Economics Research and Development), Government of India for assessment of Human Capital Requirements in veterinary and animal husbandry sector of India can extend the scope of the study to cover designing of monitoring framework for private para-professionals and CAHWs.

As mentioned earlier Agriculture Skill Council of India have already started training of master trainers for animal health worker job role. For success of the entire program it will be critical to focus on quality of both master and actual para professional training. Number of master trainer and para professionals in any given area should be demand driven. An important prerequisite therefore will be to handhold training providers to undertake local market study and screening of people suitable for the job.