CHARACTERISTICS AND PERFORMANCE OF COMMUNITY ANIMAL HEALTH WORKERS IN FOUR CENTRAL TERAI DISTRICTS OF NEPAL

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INTRODUCTION

Livestock contributes one-third of the agriculture GDP and serves as a savings mechanism for rural households in Nepal. The sector has high potential for poverty alleviation and improving maternal and child nutrition, yet production & productivity are low, as the sector suffers from insufficient access to needed veterinary services and technologies for small producers, including farm-level extension services.
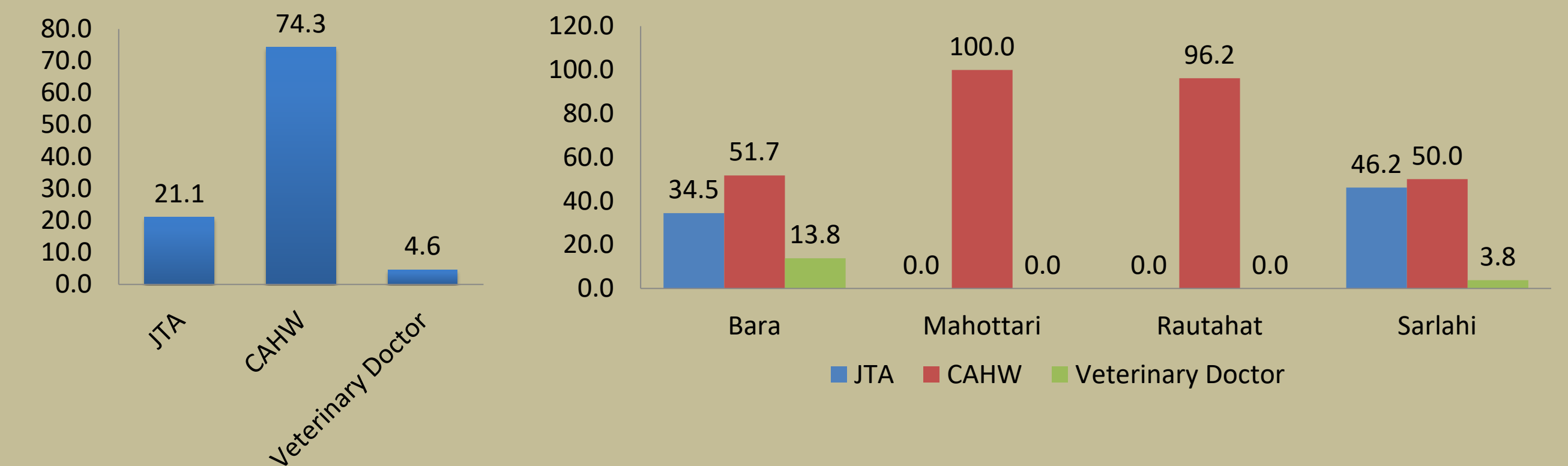
OBJECTIVE

Promoting livestock extension services through trained community animal health workers.
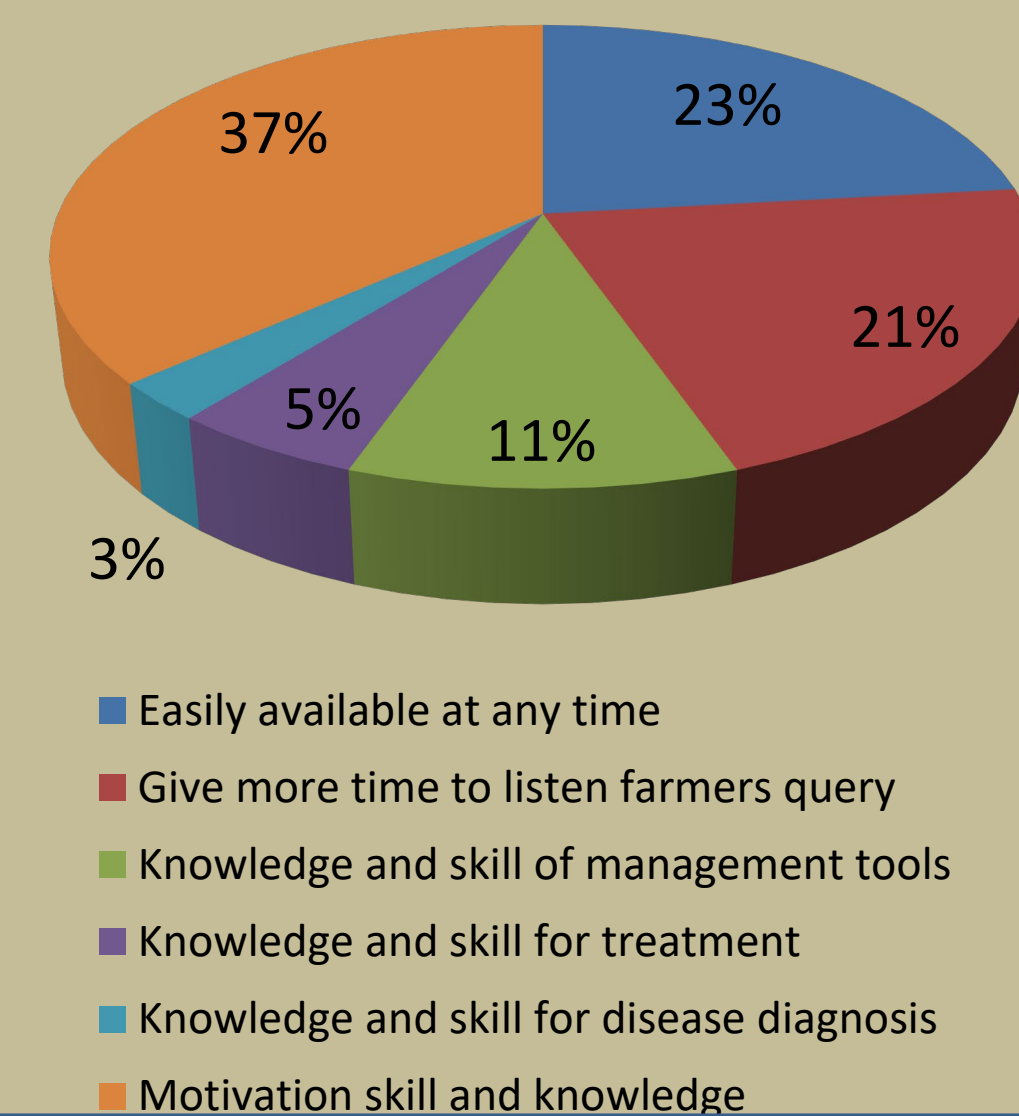
METHODOLOGY

➢ **56 CAHWs were trained as extension agents .**

➢ **Data were collected through :**

- One to one interviews of CAHWs
- Key Informant interviews with 4 government staffs, 4 model farmers, 2 agro-vets and 4 project staff members in the project districts (Bara, Rautahat, Sarlahi and Mahottari)
- 8 focus group discussions (2/district) were held with male and female producers' groups.
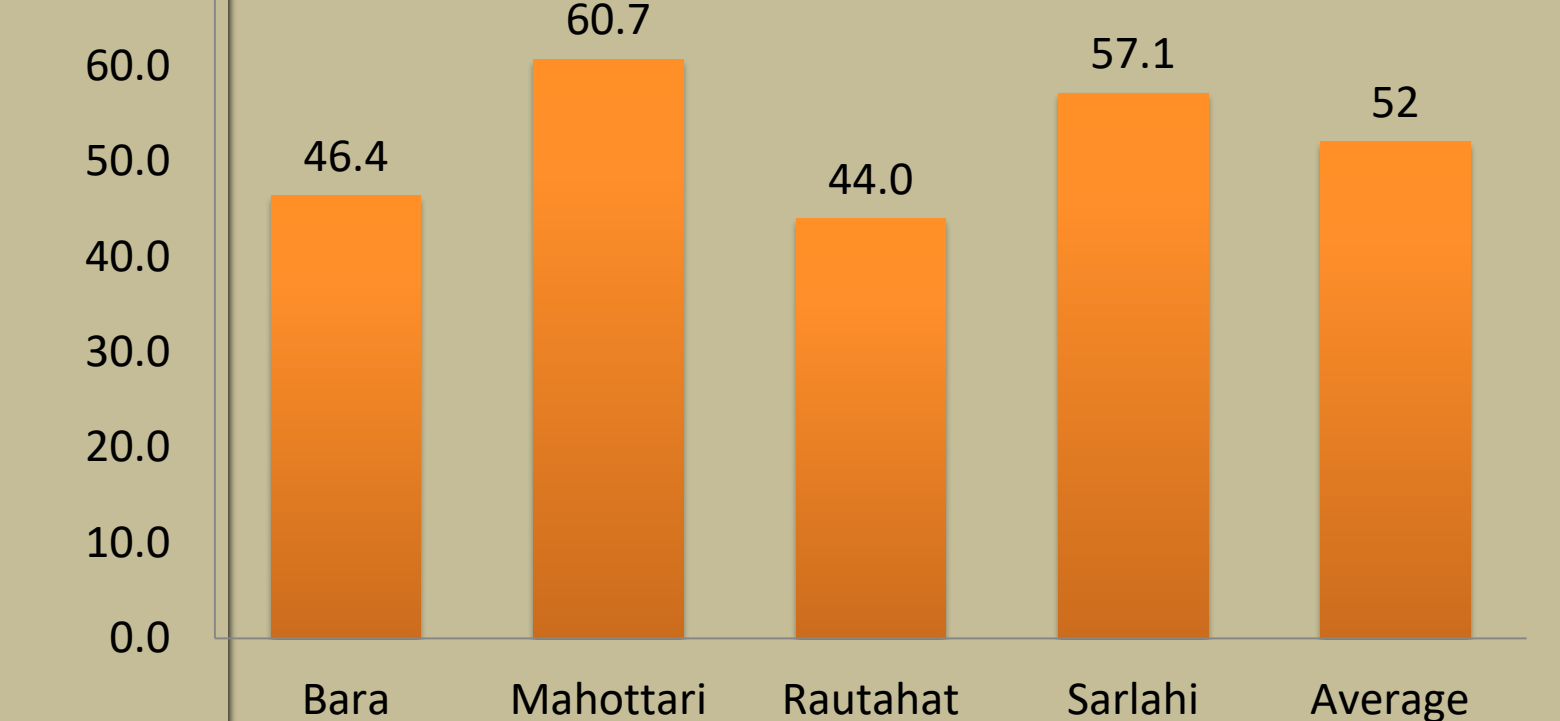
RESULTS :

Different technicians contacted for Livestock services (JTA 21.1, CAHW 74.3, Veterinary Doctor 4.6)

By district (JTA / CAHW / Veterinary Doctor): Bara 34.5 / 51.7 / 13.8; Mahottari 0.0 / 100.0 / 0.0; Rautahat 0.0 / 96.2 / 0.0; Sarlahi 46.2 / 50.0 / 3.8

Attributes of CAHW
- 23% Easily available at any time
- 21% Give more time to listen farmers query
- 11% Knowledge and skill of management tools
- 5% Knowledge and skill for treatment
- 3% Knowledge and skill for disease diagnosis
- 37% Motivation skill and knowledge

CAHW services(% of effectiveness) — Bara 46.4, Mahottari 60.7, Rautahat 44.0, Sarlahi 57.1, Average 52

CONCLUSION & RECOMMENDATION

The availability of CAHWs has tremendously enhanced access to basic veterinary services. About 74% ELIVES beneficiaries accessed CAHW services. Since the CAHWs are local residents, they are available at any time upon a single call. So, the villagers feel comfortable in contacting them and trust their skill and honesty. But, inadequate technical knowledge & skill of disease identification as a primary limitation for CAHWs , for which a periodic refresher /problems oriented trainings and exposure visits as potential solutions. Formal linkages to private clinics, veterinary doctors and related government agencies to enable CAHWs to build essential skills and capacity.

REFRENCES
ABPSD, 2011. Statistical Information.......
ELIVES Baseline & End line Report
NLSS, 2012. Nepal Living Standard Survey