

A Report on the GALVmed Policy Workshop on
***‘Actors in the provision of livestock health products
and services in South Asia’***



JP Continental Hotel, New Delhi, India

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Acknowledgement

The South Asia Policy Workshop for validation of the study '**Actors in the provision of livestock health products and services in S. Asia**' was held on 3-4 Sep 2014. The workshop was organised by GALVmed South Asia office. The organizers of the Policy workshop would like to acknowledge the support of the resource persons Dr M Islam Barbaruah, Prof Abdul Samad in assisting in the conduct of the workshop. We are also grateful to Paul Rwambo for sharing experiences from Africa.

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This proceedings report on South Asia Policy Workshop is prepared by Mamta Dhawan with assistance provided by Sharmila Dutta.

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How to obtain the digital copy:

The South Asia Policy Workshop report on 'Actors in the provision of livestock health products and services' can be electronically downloaded from. <http://www.galvmed.org/doc-repository/>

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List of Acronyms

AHDs	Animal Husbandry Departments
ASCI	Agriculture Skill Council of India
CAHWs	Community Animal Health Workers
CBOs	Community Based Organisations
DCGI	Drug Controller General of India
DBT	Department of Bio Technology
DLS	Department of Livestock Services
DST	Department of Science and Technology
FAO	Food and Agriculture Organization
GALVmed	Global Alliance for Livestock Veterinary Medicines
ICAR	Indian Council of Agricultural Research
ILRI	International Livestock Research Institute
IVRI	Indian Veterinary Research Institute
NGOs	Non-governmental Organisations
PPP	Public Private Partnership
OIE	Organisation Office International des
QA	Quality Assurance
QC	Quality Control
SAARC	South Asian Association for Regional Cooperation
SMS	Short Message Service
UEMOA	Union Économique et Monétaire Ouest Africaine (W. African Economic and Monetary Union)
VDMs	Vaccines, Diagnostics and Medicines
VPP	Veterinary Para Professionals
WHO	World Health Organization

Executive Summary

GALVmed had commissioned a study in twelve African countries in 2013 whose objective was to provide an in depth review of the policy, regulatory and administrative framework under which actors involved in the delivery of livestock health products and services operate. It was recognized that a similar study in South Asian countries of interest to GALVmed would be useful. That led to commissioning of a study in three countries of South Asia- Bangladesh, Nepal and India (covering states of Assam, Bihar, Jharkhand, West Bengal, Nagaland and Odisha. It was envisaged that the results of the African and S. Asian studies would inform GALVmed's market development, adoption, and global access strategies.

Two consultants from Vet Helpline India Pvt Ltd were engaged to conduct the study over a period of three months from Dec 13 to March 14. The two consultants met over 140 informants for the study. These included people from veterinary councils, agriculture /veterinary universities, Animal Husbandry Departments, Civil Society Organizations, Drug Controllers, pharmacists, vaccine producers, veterinary practitioners, Community Animal Health Workers and para-vets etc. Consultants shared the draft report with key informants for their feedback and comments.

In order to validate the findings of the study report, a policy sensitisation and validation workshop was held in New Delhi by GALVmed on 3-4 Sep 2014. .It was deemed important to have one face to face meeting with a few key informants to discuss the findings of the study and make appropriate changes where necessary. 25 participants for the validation workshop were selected carefully to get fair representation from all sectors and regions to have quality deliberations. The goal of the Workshop was to increase mutual understanding and appreciation of challenges and opportunities for effective delivery of livestock health products and services in South Asia. It was also seen as a platform to jointly identify best practice and share experiences that are beneficial to individual countries/state in order to improve delivery of livestock health product and services. The workshop was conducted through a series of group discussions and group work. Participants welcomed this participatory approach as it allowed cross learning through sharing of experiences and enhanced their knowledge regarding steps in policy formulation. It was clear from the discussions that further work on policy sensitisation was necessary.

There were a few clear outcomes of the workshop: Firstly, improving on the quality of the reports through the input by participants – the reports were amended from the feedback given by participants and sections added on 'Good Practices'. Secondly, participants prioritised the areas in their respective countries that needed further action and committed themselves to work in these areas. Thirdly, participants collectively made recommendations of which some fall within GALVmed's mandate and priority, affirming GALVmed's relevance in the field of livestock policy in South Asia.

The study reports on 'Actors in the provision of livestock health products and services in S. Asia' is available at <http://www.galvmed.org/doc-repository/>

1. Background

1.1 About the workshop

GALVmed is a product development and adoption partnership organization which has the objective of reaching livestock health products to the farmers on a sustainable basis. In order to be able to deliver livestock health products and services in South Asia, it was imperative to understand the policy, regulatory and administrative framework. A three month study was commissioned to understand the local policy environment under which GALVmed and its partners are expected to operate. The study was conducted by two consultants and focussed on Nepal, Bangladesh and six states of India (Assam, Bihar, Jharkhand, West Bengal, Nagaland and Odisha). The consultants met with a wide range of stakeholders that included policy makers, practitioners, academia, businessmen, farmer groups and civil society and reviewed a number of documents related to policy, administrative and regulatory framework.

The study report was sent to all informants for their validation and feedback received was incorporated where possible. It was deemed necessary to invite a few key informants from all countries and states for a face to face validation of the report on one hand and also to brainstorm on the way forward. In order to achieve this mandate a validation workshop was therefore held on 3-4th Sep in New Delhi.

1.2 Objectives of the workshop

The Goal of the workshop was to increase mutual understanding and appreciation of challenges and opportunities for effective delivery of livestock health products and services in South Asia and to jointly identify best practice and share experiences that are beneficial to individual countries/state in order to improve delivery of livestock health product and services.

Objectives of the workshop were-

1. Provide feedback and validation of findings from policy landscape study
2. Achieve mutual understanding and appreciation of the issues
3. Jointly prepare a prioritised list of areas where there is need for new/amendment of legal/administrative provisions to improve the delivery of livestock VDMs and services
4. Jointly develop an action plan detailing practical actions agenda

1.3 Selection of Participants

The consultants met over 140 informants for the study over a period of three months. These included people from Veterinary councils, veterinary universities, Animal Husbandry Departments, Civil Society organizations, Drug Controllers, pharmacists, vaccine producers, veterinary practitioners, Community Animal Health Workers and para-vets etc. Selection of participants for the validation workshop was done carefully to get fair representation from all sectors and regions to have quality deliberations. There were 29 participants in all comprising of Public sector (11), Drug controllers (3), civil society (4), Industry (1), Independent practitioners (2), Study consultants (3) and GALVmed staff (5).

Regional breakup-Odisha (3), Jharkhand (2), Bihar (1), West Bengal (2), Nagaland (2), Assam (2), National –India (3), Bangladesh (3), Nepal (3), Consultants (India 2, Africa 1), GALVmed (5)

Facilitation was done by GALVmed staff with assistance from the study consultants.

1.4 Expectations

After the welcome note by Hameed Nuru, participants were asked to introduce themselves to the group and also share their expectations from this workshop. The expectations fell into four broad categories-

- i. To network with other participants for cross-learning and knowledge sharing especially concerning policy formulation
- ii. Be able to identify bottlenecks in the present scenario and formulate recommendations for policy makers to ensure delivery of services and livestock VDMs to the end user
- iii. Understand ways to leverage 'policy' to influence outreach of livestock VDMs and services
- iv. Explore model for civil society and other non-state actors to work in synergy with public animal health departments.

1.5 Presentations

Dr Barbaruah presented the findings from the study covering Bangladesh, Nepal and India (states of Assam, Bihar, Jharkhand, Nagaland, Odisha and West Bengal). A presentation of the findings of similar study which was undertaken in East and Southern Africa covering five countries Uganda, Tanzania, Ethiopia, Kenya and Malawi was made by Dr Paul Rwambo. Dr Dibungi, a consultant covering west and central Africa had conducted a similar study in Burkina Faso, Senegal, Mali, Cameroun, DRC, Ghana and Nigeria; findings from this study were presented by Lois Muraguri. The presentations gave a broad oversight of issues that were constraining the uptake of livestock VDMs by farmers who needed them the most in the countries studied.



The Key issues highlighted in South Asia presentation are listed below-

1. Outreach of public veterinary services and delivery of livestock health product to poor farm households in remote rural areas is grossly inadequate in all the three countries studied. The situation is unlikely to change as there are public finance constraints
2. The limited human resources-Veterinarians and para-vets are barely able to take care of large ruminant sector leaving small ruminants, pigs and village poultry without any services. Majority of recognized para-vets are trained only in public facilities based on public service requirement and as such their availability for private services in remote rural areas is negligible.
3. Capacity development at community level for select veterinary services and livestock health product delivery with participation of private actors is a tested and sustainable solution and same can complement public efforts.
4. Private actors such as CAHWs are active in many places. NGOs / private companies too are involved in veterinary service and health product delivery. However, there exist striking differences in what is permitted in law and what is practiced in field. Policies are yet to be translated to programmes and projects to make the environment conducive or to ensure incentive for private sector participation in service / livestock health product delivery.

5. Veterinary services are state subject in India and states can take leadership to formulate policies as per their needs. In India, primary Acts like Indian Veterinary Council Act and the Prevention and control of infection and contagious Disease in Animals Act, 2009 provides ample opportunities to states to go for secondary legislation (e.g. gazette notifications) and declare minor veterinary services as well as names of categories of permitted private actors to undertake the same.
6. As far as improvement in delivery of livestock health product is concerned, like in Nepal existing drugs Acts (which is for both human and veterinary drugs) in India and Bangladesh too should allow trained private animal health related actors to dispense VDMs. The existing mandatory requirement of dispensing from stationary shop in all the three countries is making the essential doorstep dispensing at farmers place illegal.
7. As observed in Nepal, training of private actors outside government system (with involvement of independent vocational training centres) can be promoted and standardized. Administrative innovation is possible to bring private actors at community level under a monitoring framework. This can address the perceived public health risk from less trained para-professionals.
8. There is a strong voice being raised by different stakeholders like farmer organizations, CBOs NGOs for standardization of Para vet and CAHWs training. National level skill councils can take leadership to develop occupational standards for various categories of veterinary para professionals. Such steps can lead to demand for various para-vet courses, leading to emergence of private vocational training centres offering such courses.

2. Discussion topics

2.1 Validation of reports' contents – what information is missing or inaccurate?

The draft report was shared with the participants prior to the workshop and feedback received was incorporated where possible. The hardcopy of the report was also shared with all at the beginning of the workshop with the request that they review and validate the findings. Based on the feedback received, minor changes were made and it was agreed that there were no major discrepancies. The participants' proposal that a few best practices from the region be included in the report was agreed to.

2.2 Common challenges identified in countries covered by the Study

The participants worked in groups to identify challenges that are common in both studies-

- i. Number of veterinarians and para-vets is very less compared to the livestock they need to service. Therefore a gap in service delivery at the 'last mile' exists. This has created a vacuum which is occupied by non-state actors that are not regulated.
- ii. Although CAHWs are functioning in almost all countries studied in South Asia, they do not have a legal status or standardized course curriculum (Nepal being an exception). The need



for a standardized curriculum and training was voiced strongly by participants. There is also a dire need for clarity on roles of different categories of para veterinary service providers e.g. Long term trained Para-vets from recognized institutes, CAHWs, etc.

- iii. Where regulatory framework exists, it is not followed by the practitioners. Enforcement of legal provisions is a major issue.
- iv. Understanding and capacity for formulating policies by decision makers in livestock sector is very limited. Often policies are drafted by people who have not been trained in this area and are not competent to do so.
- v. Veterinary drugs are regulated by Human drug controller. The veterinary divisions within the drug controller's offices should be strengthened to ensure timely registration of veterinary drugs.
- vi. The non-availability of quality vaccines at desired time and in quantity required is a major constraint and this impairs initiatives to control disease out breaks.

2.3 Comparing South Asian and African studies

Based on the presentations made, the participants concluded the following similarities between the South Asian and African studies-

- i. In both continents, most of the Veterinary Councils/Boards are passive bodies and are not actively involved in issues that come under their domain. These include QC/QA of products, counterfeit/fake drugs and service providers that are practicing illegally.
- ii. Regulations pertaining to Veterinary drugs and their distribution are not only unclear but also out dated. People tend to do as they please since implementation of law is weak.
- iii. It was also noted that registration of Veterinary vaccines and pharmaceuticals are not under the control of Animal Health Department but is with the Food and Drug Controller i.e. Human Health. The common sentiment is that this delays the registration of veterinary products.
- iv. The CAHW has been used as a service provider by NGOs, cooperatives in most countries studied but they are not covered under any legal framework. Therefore there is a strong case for CAHWs to operate but under supervision of a registered veterinarian.

Some of the differences that were brought out by the participants are mentioned below-

Regional cooperation seen in UEMOA countries of Africa is missing in South Asia although SAARC could play a similar role. In UEMOA, there is harmonisation of policies at regional level that enables better coordination among the member countries. For example VDM registered in one country is accepted in other member countries.

- i. Vocational skills development and training institutions for CAHWs, para professionals are more organized in South Asia compared to Africa. There are financial assistance schemes being run by governments to encourage vets to set up private practice in India unlike African countries.
- ii. In South Asia, Government is still investing in public veterinary services and privatization of veterinary service is minimal. In spite of government schemes of financial assistance to set up practice by a qualified vet, very few vets have taken advantage of this offer. This is also due to



- the fact that some public vets are involved in private practice although it is illegal to do so
- iii. The participants also noticed that there is vibrant pharma industry in South Asia and pricing of products is very competitive. This could be one of the reasons for counterfeit drugs not being a major issue when compared to Africa.

2.4 Sharing good practices from the region

Samriddhi experience from Bangladesh concerning Local Service Providers (LSPs) in the field of veterinary services was shared with the participants. Project *Samriddhi* was supported by the Swiss Agency for Development and Cooperation (SDC) and implemented by HELVETAS Swiss Intercooperation Bangladesh. In 2004, the project signed a Memorandum of Understanding (MoU) with the Department of Livestock Services (DLS) in Bangladesh for three years to jointly organize and train LSPs in the field of veterinary service delivery. LSPs receive a short duration foundation training comprising of 10 days and flexible specialized training of 15 day on animal health.. The project is promoting Service Providers Associations (SPAs) at the sub-district level and have CAHWs called Local Service Providers (LSP¹) as its members. Presently there are 63 SPAs and 900 LSPs taking care of 400,000 livestock keepers. These trained Local Service Providers (LSPs) under the overall monitoring of SPAs provides animal health support at community level. They assist in providing veterinary extension and primary disease control programs undertaken by the government. LSPs sustain themselves financially mostly from door step service charges and sale of medicines, feed etc. SPAs self-monitor services of LSPs as high costs are associated with Veterinarians in rural settings of Bangladesh. Although there is no agreed protocol between the DLS and LSPs, the LSPs coordinate mostly with government veterinarians on complicated cases and prescriptions thereof. The government of Bangladesh is yet to recognize these LSPs and as of now they have no legal position. Although this model has been operational for 10 years now and has been very successful, upscaling it would be difficult if LSPs continue to be illegal entities.

Agriculture Skill Council of India² was introduced to the participants as it could play an important role in defining different service providers and setting up occupational standards for them. ASCI was set up in January 2013 as a Section 25 company under Companies act of Ministry of Company Affairs, GOI. The endeavour of ASCI is to work towards building capacity in the Agriculture Industry and bridge the gap between laboratories and farms. ASCI envision touching / upgrading skills of Cultivators, Agricultural Labours and Direct and Indirect labours engaged in Organised and Unorganized Agriculture and Allied industry which also includes livestock related industry and labour.

Some of the other practices that could benefit participants-

- i. States like Odisha, Chhattisgarh have formulated Livestock policy involving all stakeholders. This could serve as models for others to follow/learn from.
 - ii. Financial support provided to veterinarians to set up practice through different public schemes in India could be adapted by other countries.
 - iii. Standardized curriculum for CAHWs in Nepal and administrative initiative taken to give them Identity cards would be good practices to emulate.
 - iv. Bangladesh's Samriddhi model that works in tandem with the DLS, has brought livestock service providers under one umbrella to practice self-regulation is worth consideration.

¹ LSPs are selected from within the communities and have good acceptance and leadership quality. They have minimum junior high school level educational qualification, are skilled in livestock management including primary animal health care.

² <http://www.asci-india.com/>

2.5 Actors with legal recognition

The participants were asked to discuss the role of different service providers in their countries and what was allowed legally. In all countries, anybody can distribute provided s/he has a licence to do so. Compulsory association with pharmacist or proof of drug handling is mandatory to get such a licence.

Interestingly, CAHWs in Nepal do not need a pharmacist to apply for retail drug licence. The drug department organizes 35 day orientation program for them.

In Bangladesh too, anyone attending a 3 month pharmacy course can dispense / distribute.

The Table below shows service providers and services they can provide legally.

Table 1: Actors with legal mandate

	Prescribe	Vaccinate	Medicate	Sell	Distribute	Awareness	Training
INDIA							
Vet	√	√	√	x*	x*	√	√
Para-vet [^]	x	√	√	x	x	√	x
CAHW's	x	x	x	x	x	√	x
NGO	x	x	x	x	x	√	√
Pharmacist	x	x	x	√	√	√	x
BANGLADESH							
Vet	√	√	√	x*	x*	√	√
Para-vet	x	√	√	x	x	√	√
CAHW's	x	√	x	x	x	√	√
NGO	x	x	x	x	x	√	√
Pharmacist	x	x	x	√	√	√	x
NEPAL							
Vet	√	√	√	x*	x*	√	√
Para-vet	x	√	√	x	x	√	√
CAHW's	x	√	√	√	x**	√	√
NGO	x	x	x	x	x	√	√
Pharmacist	x	x	x	√	√	√	x

[^] 'Para-vet' is used here to describe long term trained para-professionals.

*Only to own patients/animals

**Only CAHWs trained by DLS can get a licence to distribute

Discussions revealed that what the law states and what is actually practiced are two different things.

- i. In all three countries, only veterinarians are legally allowed to prescribe, medicate and vaccinate animals. However, they cannot distribute or sell medicines without licence to animal owners other than their own clients. However in reality, some vets are known to make open sales from their clinics without any licence
- ii. Para-vets in India cannot prescribe but can medicate and vaccinate animals under the supervision of a veterinarian. In reality some para-vet not only work without any supervision but also prescribe.

- iii. CAHWs in India and Bangladesh have no legal status but there is tacit acceptance of them in community as well as by the Animal Husbandry departments.
- iv. In all countries, sale and distribution of medicines vaccines and diagnostics has to be done by a licenced person from a stationary point. This means that any doorstep or mobile dispensing of vaccine or medication by a vet or para-vet is illegal! This comes out as a legal issue that have major implication on the delivery of services in rural and remote areas.
- v. In Nepal, standard para-vet training is overseen by the Council for Technical Education and Vocational Training³. CAHWs in Nepal who are given 35 days training under the supervision of Directorate of Livestock Training and Extension can apply for drug licence without pharmacist and open 'agro vet' shop that sells livestock medicines, feed etc. Independent CAHWs, particularly those who received government financial support, work under supervision of district Veterinary officer. This is an administrative compliance and is not a legal requirement. In Bangladesh, Department of Livestock services are active till sub-district level and thereafter it works closely with private service providers linked with various NGOs. However CAHWs are not legally recognized.
- vi. NGOs are only allowed to do extension, awareness and sensitization work and should have a veterinarian if they want to vaccinate livestock and poultry. However, a number of NGOs working in natural resources management and livelihood sector get involved in vaccination of goats and poultry without a veterinarian's supervision.

From the discussions it was clear that-

- i. There is inadequate clarity on legal aspects of the veterinary practice.
- ii. There are limited monitoring of different service providers
- iii. Over the counter medication is a norm rather than exception
- iv. There is dire need for role description of para-vets and CAHWs



GALVmed could play an important role by working with policy makers and key stakeholders in defining occupational standards for service providers and developing standardized trainings for them.

2.6 Major causes for ineffective compliance with regulatory framework

The participants clubbed the main reasons for noncompliance under the following heads-

- i. Inadequate rules and regulations and awareness about them:
- ii. Outdated rules and regulations are an issue in all the countries but sometimes even these are not known to people. For example, livestock keepers in India do not know that para-vets should be working under supervision of a veterinarian!
- iii. Lack of political will to penalize:
- iv. The regulating authority's capacity to enforce law is very weak. With no legal action taken or very low fine imposed on the defaulter, it serves an easy sector to operate in with impunity. Moreover redress of grievance is so difficult that people refrain from complaining.
- v. Inadequate resources:
- vi. Limited financial and human resources to enforce legal action contribute to noncompliance with liberty.

³ <http://www.ctevt.org.np/>

2.7 Non State Actors in delivery of Livestock health services and products

- i. Outreach of the veterinary health services in remote areas is abysmal while livestock and poultry is crucial component of the livelihoods of the rural population. This provides opportunity for lesser trained service providers that are easily available and less expensive, to ply their trade without any fear of law.
- ii. There has been an increase in funding of civil society involved in natural resource management and this has led to more awareness concerning animal health issues amongst farmers leading to demand for health providers in form of para-vets or CAHWs. Often private sector push their products through non state actors!
- iii. Demand for the Veterinary services and awareness of products by farmers has increased with cross bred animals that need more inputs in form of feed, fodder and VDMs. This demand has led to sale of veterinary drugs and products like mineral mixture etc. that are of questionable quality.

2.8 Issues/Challenges/Constraints to distribution and use of livestock VDMs

- i. *Inadequate clarity on roles of different actors*-Distribution and use of VDMs involves a number of stakeholders (distributor, pharmacist, veterinarian, retailer, owner etc.). Awareness about the role of different stakeholders and what they can/should be doing legally is very limited. This is due to two factors- firstly lack of clear policies and laws pertaining to who does what and secondly dearth of resources both human and financial to enforce these laws. National Veterinary boards or their equivalents can play an important role here and need to be proactive.
- ii. *Public sector distribution*-Within public sector, long drawn cumbersome process of 'tendering' hinders the timely availability of vaccines and drugs. This also compromises on the quality of the products procured. Moreover VDMs do not reach the end user since manpower constraints are unsurmountable.
- iii. *'Last mile' delivery issues*-Distribution of livestock VDMs is mostly limited up to district level and delivery at 'last mile' is not addressed. Lack of data on livestock population or disease epidemiology hinders big manufacturers to see rural areas as viable markets. The demand for the product amongst farmers has risen over time. To capitalize on this demand, some of the retailers that sell these popular products in smaller towns and villages are also known to push spurious drugs. Lack of mechanism to monitor the sales and quality of veterinary products, allows rampant use of substandard and spurious livestock drugs by illiterate farmers leading to waste of hard earned money on medicines, loss of income or animal or both. Over the counter sales of antibiotics and its misuse has led to antibiotic resistance in animals and residues in the products such as meat and milk.
- iv. *Cold chain constraints*-For Biologicals, cold chain is of utmost importance but maintaining it is practically impossible given the weak infrastructure available in rural areas. Bad roads, long distances, poor electricity supply, inadequate knowledge amongst people responsible to transport, stock it and deliver into the animals lead to break down in the cold chain. Use of technology in the form of solar power or thermo-tolerant vaccines is need of the hour.
- v. *Product Packaging issues*- Vaccines in particular are packaged in large dose vials which are tailored for commercial sector and not for small marginal farmers. Poor farmers with a few animals forego vaccinating their livestock if suitable packaging with smaller number of doses is not available.

3. Exploring common key issues in greater detail

Day two began with the recapitulation of the previous day by Dr Hameed Nuru and brief update by Dr M I Barbaruah on feedback received concerning the report from the participants. Apart from the corrections, inclusion of a short write-up on good practices i.e. Samriddhi model from Bangladesh was recommended and agreed to by the consultants.

Participants were informed that at the end of the first day, resource persons had met to refine the key issues that had emanated out from the group and plenary discussions. The following five issues were identified for further deliberations-

1. What are the key drivers and actions in creating an enabling environment for greater inclusion of non-state actors in the veterinary sector?
2. Is autonomy of veterinary product registration and regulation from human health system critical to ensuring the timely availability of livestock VDMs to those who need them?
3. How can awareness to/for animal health interventions be enhanced and what are the opportunities for public private sector partnerships?
4. Where policies exist, implementation and effective enforcement remains inadequate. What can be done in this regard?.



The participants were put in groups and all groups were asked to address question 1 since it was cross cutting and the most significant concern. They were also asked to discuss in detail any one issue from bullet point 2, 3, 4 listed above.

3.1 Ensuring an enabling environment for non-state livestock health service providers to function

The veterinarian: livestock ratio is very low in the South Asian region. The demand for VDMs and services for most livestock keepers at the grass-root level is not being met. To ensure effective last mile/doorstep delivery of VDMs and services, more actors than are currently involved are necessary. Participants were asked to discuss in detail what would be needed to be done in their country/state in order to ensure that there is an enabling environment for these service providers to operate.

The groups assigned various reasons for low veterinary doctors /livestock ratio-

- i. Veterinary services are still being provided by public sector and only half of the required number of posts is functional. Private vets are only operational in urban areas in pet animal sector, dairy cooperatives, commercial poultry and race horses.
- ii. Financial resources needed to fill up all vacant posts in Animal Husbandry Departments are not available and will always be a constraint.
- iii. Veterinarians prefer employment in subsidiary sectors like Banks, insurance companies and not in core veterinary field. Difficult work conditions and postings to remote areas has implications on life-work balance of the veterinarians and hence the reluctance to work in remote areas.
- iv. There is a need for more veterinary colleges to open up to increase the number of trained veterinarians especially in India. While starting new colleges would take time, recently GoI has approved the increase students in veterinary degree course from 60 to 100.

The groups deliberated on what steps needed to be taken to increase the number of veterinarians on one hand and on the other hand explore ways to include other actors in delivery of health services to farmers. The recommendations are listed below-

- i. Compensation/incentive should be offered to Vets working in remote areas so that they are motivated to serve in such places. Usually vets prefer to work in towns and cities since children's education is a problem in remote areas and they have to leave their families in towns for education. If they are offered compensation for running two households, the chances of vets serving in remote areas increases.
- ii. There is a need of secondary legislation such as notification by states under Veterinary Council Act in India to make non state actors participate in animal health delivery services in legal manner. Thereafter, it is a prerequisite to clearly define the non-state actors and their role. Presently they operate without clarity on what they are allowed to do legally and what is beyond their mandate.
- iii. Identify occupational standards for para-vets and CAHWs; standardize training syllabus, modules and duration of the course. Presently each state in India has its own syllabus for the para-vet and training duration also varies from 6 months to two years. CAHWs are associated with NGOs and undergo training varying from 15 days to 3 months depending on the services required and animal species an NGO works with. However CAHWs have no legal sanctity.
- iv. A survey of vets, para-vets/CAHWs already operational should be conducted by the government. These service providers could be working under aegis of NGOs, public sector, cooperatives or be independent entrepreneurs. Thereafter supply demand gap review should be done to get clarity on how many more such service providers are needed to be trained to meet this gap. Once this is done, then link up all actors so that they work together to provide quality services.
- v. Strong regulatory and monitoring mechanisms need to be put in place for non-state actors. Where possible, they should be made accountable to registered institutions e.g. NGOs, Farmers organizations, village bodies etc. Private sector should be included for providing services in certain domains. Outsourcing some of the core functions of AHD like preventive vaccinations could be delegated to private vets, pharma companies or NGOs.
- vi. There are documented good practices in the service delivery by CAHWs and para-vets. These need to be publicised and replicated in other similar regions.
- vii. Find innovations in human health sector involving non state actors and adapt its learnings to replicate in livestock health sector. GALVmed could help in identifying such good practices and taking the initiative ahead.
- viii. Last but not the least; strong advocacy would be needed to bring about these changes. GALVmed and like-minded organizations could play a role in building up an opinion on this.

3.2 The autonomy of veterinary product registration and regulation from human health system

The veterinary drugs are registered with National Drug control authorities in respective countries. These authorities operate under health ministries and their main focus is on human drugs and biologicals. Many a time, for these authorities veterinary drugs are not at priority. The participants discussed the process of getting Veterinary drug registered in all the three countries studied through flow charts and it was evident that in present form, it takes a long time to get a drug registered. Usually precedence is given to registration of human drugs over veterinary products and these delays the process even more. Judging a veterinary drug based on human drug parameters is also an expensive and unnecessary requirement. However, of late drug control authorities have recognized the importance and are in the process of setting up of dedicated cells with competent person having veterinary pharmaceutical background. It is to be noted that in Nepal there is a strong voice for having a separate veterinary drug control authority under Department of Livestock Services.

3.3 Enhancing awareness about animal health interventions and opportunities for public private partnerships

The participants agreed that presently awareness in masses about veterinary health care interventions is very limited and is left to the pharma companies and drug retailers to make a pitch for their products. Even these are targeted towards big farmers and commercial dairy, commercial poultry sector. Information seldom reaches the very poor farmers that need it the most. Some of the recommendations were-

- i. Inclusive extension services from public institutions are grossly inadequate and needs urgent attention. State level Directorate of AHD should take initiative to reach out to the community and this could be achieved through formation of a task force at the directorate level involving both Public and private sector.
- ii. To create mass awareness in rural population, use of mass media like TV, FM radio could be used. This is especially useful when a disease control vaccination programme is to be undertaken. This was suggested based on the success achieved in control of Polio in human beings where all modes of communication were used and prominent public figures supported the media campaign.

Develop appropriate content - There are specific agencies that have expertise in developing appropriate content which could be engaged to make information sharing with farming community more meaningful and effective. A best practice which is currently available is the IT enabled services and SMS on mobile phones that reach out to the larger section of the community and where costs are also nominal.

3.4 Effective implementation and enforcement of livestock laws and policies

Comprehensive Livestock policies are very rarely formulated in the region. In this workshop participants mentioned that only 4 states in India have a proper Livestock policy while some other states have dairy / cattle breeding policy, other species like pigs, small ruminants and poultry are not covered by any policy. It was also reported that even where the policy exists, its implementation and effective enforcement leaves much to be desired. The group addressing this issue elicited the following-

- i. Capacity to formulate policy is inadequate in officials within AHDs who are mandated to do this work. As a result, policies drafted are weak with no guidelines provided for its implementation.
- ii. It was agreed that good policy-making process would involve due consideration of up-to-date available subject-matter knowledge and relevant data, and the use of available analytical tools. At times livestock policies are drafted by bureaucrats with little understanding of the sector leading to superficial and/or defective policies
- iii. Creation of awareness regarding livestock policy is needed to be done for all levels of officials within the department if effective implementation is to be achieved.
- iv. Sensitization of NGOs and donors is also essential for proper implementation of any policy at ground level. At times stakeholders contravene legal provisions due to lack of knowledge and



not because they want to go against the law.

4. Recommendations and resolutions

By the end of the workshop the participants had much better understanding of the issues and constraints related to delivery of livestock products and services. They were asked to discuss and draft two resolutions per state/country and two recommendations per group.

4.1 Resolutions

These were commitments made by participants as action points to do once they went back to their respective organizations.

Bangladesh

1. Under the drug regulatory body, provide full autonomy to director of veterinary services so that registration of the veterinary products can be streamlined.

Nepal

1. To draft minor veterinary services for Veterinary para professionals (VPP) i.e. Para vets and CAHWs to ensure quality veterinary services.
2. Strengthen Veterinary Statutory body by providing more resources to enable it to regulate veterinarians, VPPs and veterinary colleges.

India

1. The states should enroll/ prepare a list of unrecognized service providers and give them a sticker of identity.
2. Conduct a survey of demand and supply of Veterinary services/ products at the national level that could be supported by the government/ NGO.

Odisha

1. Ensure development of standard training modules for CAHW.
2. Sensitize the State Vet. Council about the need for enforcement of legal provisions

Bihar

1. Bring CAHWs under legal umbrella and standardize their training
2. Strengthen State Veterinary Council to be more effective

West Bengal

1. Explore with the state authority possibilities of registration and training to para-vets and other non-state service providers under law.
2. Get the state authority to produce smaller units of Animal vaccines in the state biological laboratory.

Nagaland

1. Encourage pharmacies to keep Veterinary and livestock products in Rural areas
2. Government to provide quality Veterinary service by working closely with local bodies and NGO's so that these institutions engage Vets/ Para-vets that deliver services in rural areas.

Jharkhand

1. Nominate a nodal officer with the consent of the secretary who will act as bridge between administration and private sector to ensure smooth flow of VDMs to end users.

2. Based on the animal population in the state, create enough service providers to ensure quality services are delivered to farmers.

Assam

1. Designate a specific Government officer for dealing with private sector players for resolving matters concerning veterinary products and biologicals.
2. Request state government to evaluate *Samridhi* model being run in the state. Thereafter advocate for it to be up-scaled where possible.

4.2 Recommendations

Participants discussed final 'take away' from the workshop and listed them as recommendations. Some of the similar recommendations have been clubbed together and are summarized below-

1. The government of Nepal/ Nagaland in coordination with respective Vet Councils shall develop the standard and job description of Minor Vet services for VPP and CAHW's. GALVmed would assist if required.
2. Participants from Indian states will revisit the present policies and their implementation so as to include private participation in the animal health in line with National Rural Health Mission (NRHM)⁴.
3. Participants will seek assistance from GALVmed and ASCI for development of occupational standard for all the categories of para-vets.
4. Participants resolved to create awareness about the risk of substandard animal livestock VDMs and their misuse.
5. Participants would ensure transfer of appropriate technologies, knowledge to farmers to increase animal health care and explore launching of mobile veterinary clinics to deliver service up to the grass route level.
6. GALVmed would share the study report and the proceedings of this workshop with all participants and follow up with key contacts on the commitments made for individual countries where applicable. Participants would also share the report and workshop proceedings with public and private institutions e.g. national and international NGOs/CSIR/ICAR/ICMR/DST/DBT/IVRI.
7. GALVmed would continue to establish strong linkages with Central/state/NGO/Institutions/ professional bodies/ FAO/WHO/ILRI/OIE.
8. GALVmed would upload all livestock policies, regulations and veterinary laws in a database and share it with all participants.

5. Conclusion

The validation workshop was much appreciated by participants since they opined that studies conducted in South Asia and Africa⁵ enabled them to increase their understanding of existing animal health care infrastructure and policy issues related to this sector. The validation workshop ensured they interacted with varied stakeholders to explore how these shortcomings could be addressed.

⁴ Any human health interventions when undertaken in 'Mission Mode', Govt. permits drug authorities to allow dispensing of identified vaccines / drugs by human para-professionals without licence, e.g. polio campaign.

⁵ All reports can be found on GALVmed's document repository: <http://www.galvmed.org/doc-repository/>

Provision of animal health care is a public function in all three South Asian countries and the dearth of veterinarians in public system has created a vacuum in delivery of animal health services especially in remote rural areas. This unmet need of service delivery mechanism at grass root level makes Para-professionals and CAHWs indispensable. Subsidiary/delegated legislation (made by an executive branch of Government), is often the most appropriate and quickest way to legitimise and recognize these private actors.. This, however, must be authorised by available primary legislations. As per the study, India's primary legislation, the Infectious and Contagious Diseases in Animals Act 2009, empowers State executives to notify agencies/individuals competent to vaccinate animals. This Act could serve as key to solving some of the delivery problems.

Development of detailed occupational standards (OS), a standardized training curriculum and framework for continuous learning for para-vets and CAHWs is urgently needed.. The National Skill Development Council, or any associated organization with a specific mandate for example, the Agriculture Skill Council of India (ASCI) or accredited professional organizations with management training-related expertise could develop tailor-made training programs and market these to this niche segment (e.g., animal health and husbandry). While publicly-funded organizations can be officially mandated to produce the occupational standards and training modules, the NGOs CBOs and private sector to an extent can create the required ground for official recognition of the various categories of para-vets and CAHWs. Making para-vets/CAHWs accountable to farmers' organizations or local self-governing bodies such as Panchayats would help in monitoring them.

Ignorance of existing laws by all stakeholders along with weak enforcement by authorities is a major cause of concern. This lack of knowledge about what is legal and what is not allows practices that are detrimental to both human and animal health for instance medication of antibiotics by farmers and over the counter sale of scheduled drugs etc.

Drafting of livestock policies that are based on evidence, up-to-date available subject-matter knowledge and relevant data are woefully missing altogether or are rarely found. Capacity of people assigned to draft livestock policies is also limited. There is need for GALVmed to conduct more policy sensitization workshops with various levels of stakeholders in the region.

The participants were motivated to honour the commitments and recommendations made during the workshop and to keep in touch with fellow participants to allow cross learning in future too. GALVmed would continue advocacy campaign with other like-minded organizations in the respective countries to enable animal health VDMs and services to reach farmers.

Annexures

Annex 1: List of participants

No	Country	Name	Organisation / Affiliation	E-mail
1.	Bangladesh	Ms. Noor Akter Naher	Project Support and Management Unit Samriddhi Project HELVETAS-Swiss Intercooperation	noor.akter@helvetas.org
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6.	Nepal	Dr Jibacha Sah	Veterinary Health Research & Training Centre (P) Ltd.	vhrtc@yahoo.com
7.	Odisha, India	Dr Gopal Tripathy	Public Vet & Training Administrator Veterinary Officers Training Institute (VOTI)	gbbsr2003@gmail.com
8.	Odisha, India	Dr Sanat Mishra	Associate Professor & Former CEO – OLRDS Teaching Veterinary Clinical Complex	mishrasanat@yahoo.com
9.	Odisha, India	Dr. Kornel Das	Freelance Vet and Development consultant	kornel_das@yahoo.com
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11.	West Bengal	Dr Satinath Das	Senior Lecturer , Agricultural Training Centre (ATC), Ramakrishna Mission	satinathard@gmail.com
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13.	Nagaland	Dr R. F. Lotha	Additional Drug Controller Department of Health and Family Welfare, Government of Nagaland	rflotha@yahoo.com

14.	Assam	Dr Paresh Sharma	Sr. Virologist North East Regional Disease Diagnostic Laboratory	drparesh59@gmail.com
15.	Assam	Dr Amiya Sarma	Executive Director Rashtriya Gramin Vikas Nidhi (RGVN)	Amiya.rgvn@gmail.com
16.	India	Dr Rishendra Verma	Secretary, Joint Director (Interim), Centre for Animal Disease Research and Diagnosis (CADRAD), IVRI	rishendra_verma@yahoo.com
17.	India	Dr Satendra Arya	Chief Executive Officer Agriculture Skill Council of India (ASCI)	ceo@asci-india.com ssarya1@gmail.com
18.	India	Dr Manoj Sood	Associate Director MSDIndia Pvt Ltd, representing INFAH	manoj.sood@merck.com
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GALVmed				-
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Annex 2: Agenda

Actors in the Provision of Animal Health Products and Services in South Asia

New Delhi, 03-04 September, 2014

The Goal of the Workshop

To increase mutual understanding and appreciation of challenges and opportunities for effective delivery of animal health products and services in S Asia and to jointly identify best practice and share experiences that are beneficial to individual countries/state in order to improve delivery of livestock health product and services.

Objectives

1. Provide feedback and validation of findings from policy landscape study
2. Achieve mutual understanding and appreciation of the issues
3. Jointly prepare a prioritised list of areas where there is need for new/amendment of legal/administrative provisions to improve the delivery of animal health products and services
4. Jointly develop an action plan detailing practical actions Agenda

Day 1	Wednesday 3 Sep, 2014
0830-0845	Registration
0845-0945	Session 1: introductions & scene setting - Welcome & opening remarks – Hameed Nuru - Aims & objectives of the meeting - Who is here and expectations - Brief introduction to policy at GALVmed –Lois Muraguri
0945 – 1045	Session 2a: Study findings - Background and rationale for study-Mamta Dhawan - Findings from S Asia study –M Barbaruah - Findings from Africa n studies– Paul Rwambo and Lois Muraguri
1045- 1100	Break Group photograph
1100-1200	Session 2b: Study findings - Group discussion: Validation- general reflection on the reports; missing or inaccurate information - Plenary
1200-1300	Session 2c: Study Findings -Compare and contrast: draw out common constraints, challenges and opportunities and good practices from and S Asia and Africa -Plenary
1300-1345	Lunch Break
1345-1430	Session 3: Sharing experiences - Service delivery model from Samridhhi Bangladesh-Noor Akhtar -Skill development initiative in Animal husbandry sector in India – Dr Satender Arya - Q & A
1430-1530	Session 4: Discussion and Plenary

	<ul style="list-style-type: none"> - Group discussion: Actors with legal recognition - Plenary
1530-1545	Tea Break
1545-1700	<p>Session 5 : Discussion and Plenary</p> <p>Key issues, constraints and opportunities</p> <p>Plenary</p> <p>Day 1 wrap up- Hameed Nuru</p>
1900	Official Workshop Dinner
Day 2	Thursday 4 Sep, 2014
0830-1030	<p>Session 6: Discussion and Plenary</p> <ul style="list-style-type: none"> - Day 1 recap - Group discussion: Learnings from the studies and past experience - Plenary
1030-1045	Tea Break
1045-1200 1200-1300 1300-1330	<p>Session 7: Discussion and Plenary</p> <ul style="list-style-type: none"> - Group discussion: recommendations, detailed action plan and next steps-who does What? When? How? - Plenary - Conclusion, Evaluation –Lois Muraguri - Vote of thanks- Dr Kornel Das
1330	Lunch Break and Workshop end

Annex 3: List of questions for group work sessions

Session 2b: Validation (by country/region)

1. Is there any information that is missing or inaccurate?
2. Are there common challenges in the two African studies? What are they?
3. Is there a 'best practice' example we can learn from?

Session 2c: Study Findings (Mixed country groups)

4. Compare and contrast challenges/constraints/issues and opportunities between the African studies and the South Asia study

Session 3: Legal recognition (By country/region)

5. In your country, who is legally allowed to:
 - a. Vaccinate animals? Based on what criteria?
 - b. Medicate animals? Use field diagnostic kits?
 - c. Who can prescribe, sell and/or distribute vaccines? Medicines? Field diagnostics?
 - d. Who is allowed to provide extension and training? Awareness and sensitisation?
6. What role is there for Community Based Organisations? NGOs? Community Animal Health Workers? Animal Health Assistants? Animal Health Technicians?
7. What qualifications do these groups of actors need to fulfil?

Session 4: Key Issues, constraints, opportunities (mixed country groups)

8. What factors have led to an increase in other actors' (other than public sector) participation in delivery of animal health products and services?
9. What are the key issues/challenges/constraints to distribution and use of animal health products?
10. What are the major weaknesses that constrain enforcement of compliance with regulatory framework?

Session 5: Application of learnings from studies and from past experience (by country/region)

11. From the studies and from your past experience, is there a 'best practice' example and how can this be adapted to your country?
12. What would need to be done in your country in order to adopt the identified best practice?
13. What are the policy options for improving provision of livestock VDMs and services in your country?
14. What policies are required to ensure the co-existence between different actors?

Day 2

Session 6: Group discussion: (mixed group)

Issues identified as important by groups in the group sessions are listed below. Answer question one in Part A and discuss assigned question from part B and present the expected outputs to plenary after group discussion

Part A

15. The veterinarian: livestock ratio is very low in your region. The demand for animal health products and services for most livestock keepers at the grass-root level is not being met. To

ensure effective last mile/doorstep delivery of VDMs and services, more actors than are currently involved are necessary. What would need to be done in your country in order to ensure that there is an enabling environment for these service providers to operate?

Part B (questions added from earlier sessions)

16. The autonomy of veterinary product registration and regulation from human health system is critical to ensuring the timely availability of animal health products to those who need them. Discuss.
17. How can awareness to/for animal health interventions be enhanced and what are the opportunities for public private sector partnerships? Discuss.
18. Where policies exist, implementation and effective enforcement remains inadequate. This requires urgent redress in order to enhance the provision of livestock health product and services. Discuss.

Session 7: Recommendations and detailed action plan (by country/region)

By now you have better understanding of the issues related to delivery of livestock products and services. Please discuss and draft

19. Two resolutions per country.
20. Two recommendations per group

Annex 4: Summary of the Workshop evaluation

Participants were given an evaluation questionnaire to complete after the workshop got over. They evaluated the workshop in terms of both content and facilitation and key comments are summarized below-

1. What was your expectation when you came into this meeting?
 - To understand GALVmed's work in detail and validate the study report.
 - To strengthen the community level AH service in legal way.
 - To learn from experiences of India in 6 states, Nepal and BD, African countries on effective AH service/product delivery at grass roots level.
 - To learn about the importance of policy in delivery of services effectively.
 - Meet people from other states/ countries to understand what are they doing to solve Veterinary service issues.
 - Formulate policy guideline for improving and regulating service/ product delivery.
 - To improve livestock and livestock products in grass root level by developing quality Vet. Services.
 - Policy evaluation and implementation.
 - There would be serious discussion on augmentation of the livestock/ Veterinary sector from which important recommendation to the Government will emerge.

2. Was your expectation fulfilled? Please elaborate
 - Yes, my expectations were fulfilled satisfactorily.
 - The stumbling blocks can be resolved as discussed through success stories from Nepal and BD. Existing G.O. by Director of the state can take care of CAHWs and Minor Vet. Services can be reviewed to be inclusive.
 - Yes, experiences of Bangladesh and Nepal have helped me to see alternate ways of service delivery.
 - Interaction with representative from Bangladesh, Nepal, and Africa has definitely helped to understand their policy provisions and has added to my learning.
 - Yes, a lot of discussion was done and a picture has been formed to work at field level.
 - My expectations were partially fulfilled as details of path to be taken are still under construction.
 - It needs lot of advocacy and lobbying to bring about a change. I hope GALVmed will help in this regard.
 - Yes, this was my first proper interaction with Vet. Professionals and I am very satisfied.
 - Specific recommendations were formulated by the groups which can be taken up in future.

3. What is the most useful thing that you are taking away from this workshop?
 - Better understanding about policy making and issues related to veterinary service delivery in different countries of S Asia and Africa.
 - The change in mindset of public officials regarding the necessity of para-vets and CAHWs for service provision and concern about how are poor getting these services?.
 - The need to develop curriculum for CAHW's with the state AHD.
 - I understand that Private sector also has a major role to play for policy advocacy and implementation.
 - The strong desire to strengthen our Vet. Services to improve quality of service.
 - Increased knowledge about the rules and regulation about the Veterinary profession and importance of following it.

- Requirement to regulate the Vet products and its availability to the consumers in all levels in respect of quality services.
 - Desire to explore how industry (INFAH) can actively contribute to a genuine initiative.
 - The way the workshop was conducted – it is comprehensive and result oriented.
 - More knowledge about factors that have been hindering the progress of livestock based livelihood of poor
4. Which part of the workshop did you think worked the best? What did you enjoy most?
- The study report shared by Dr Barbaruah and presentation made later on were very informative and impressive.
 - Summarization at the end of the sessions by Dr Hameed and Dr Lois was good.
 - Selection of participants from appropriate organizations/states enabled to get varied perspectives.
 - Facilitation of learning through group discussions and shuffling of groups enabled healthy interactions.
 - Presentations by consultants followed by plenary has helped me to consolidate the learnings from the WS.
 - All sessions were very interesting and interactions with other participants helped to understand role of different stakeholders in different countries
 - The last session on resolution and recommendation was the most important.
 - Presentation of service delivery model by Sammriddhi by Noor Akhter and skill developments initiative by Dr Arya was a good learning experience. Some more from Nepal and Africa would have helped me.
5. Two recommendations that will make this type of workshop/meeting more effective in the future is:
- It should be two days WS instead of one and a half day. Annual/Bi yearly WS is required in the days to come as a follow up activity.
 - Involvement of a representative from VCI and more participants from GoI in the WS is needed since they are the policy/decision makers.
 - Circulate issues and questions to be discussed in advance with the participants so that they can consult appropriate authorities and come well prepared.
 - Follow up on resolutions and recommendations to see what has been done.
 - Expectations from participants in terms of technical contribution should be informed beforehand.
 - Disseminate the findings of the study and WS to all concerned stakeholders.
 - Identify areas where in GALVmed can take up discussions with appropriate authorities
 - Translate the study report in local languages so that people of all regions can understand the issues highlighted.
-
6. As I leave this workshop/meeting, I feel:
- Motivated to work on service delivery issues in near future in Odisha by facilitating engagements between other actors, NGOs and Government Department.
 - This WS was very useful in increasing understanding about policy making and different aspects that need to be considered while drafting any policy. Experience of Africa will be useful for future application.
 - Very happy to learn more about policy.
 - Satisfied as we got the chance to share our knowledge and exchange ideas, meet each other and network.
 - I feel fully charged and inspired to do something more than what I am doing presently.

- That our state needs to extend the Vet. Service delivery system through NGO's and other non-state actors.
- Very happy and excited about GALVmed initiative which is ultimately taking care of the 'last mile'.
- The WS was successfully conducted and now I feel the responsibility is on me to ensure I do my bit.
- A platform has been created to share our learning with each other.
- Glad that I have been a part of such a learned group and great network.

7. Any more comments you would like to add?

- Conduct state /country specific workshops to mainstream the recommendations.
- Continue with regular follow up by organizing WS with key stakeholders.
- Conduct regular WS to review decision taken in previous WS.
- Facilitate more WS on policy making for veterinary professionals.
- Lobbying from GALVmed side so that regulation of para-vets comes on top agenda of the governments.
- Officials of GALVmed should visit apex and responsible institutes to explain GALVmed's work and generate ideas for mutual engagements.
- Thanks to GALVmed for organizing a wonderful WS.
- The inclusion of African context is really beneficial.

