





Research Question

- Health service delivery largely by the public sector
- Vaccination exclusively by the public sector
- Consequences →
 - % farmers reporting disease: 78.6 96.4%
 - Access to public services: 28.3 74.1%
 - Access to private services: 6.7 68.3%
- Question: how service delivery can be improved by incorporating the private sector





HEARD project activity

- Activity 2.1.3: Pilot novel models for veterinary service delivery involving PPP
- PPP model development and piloting process
 - A series of stakeholder workshops gap analysis,
 PPP concepts, PPP taskforce
 - Site selection, consultation with farmers, identify priority diseases & service gaps
 - Identify private partners & build their capacity
 - Design alternative models, detailed planning







Achievements

Priority diseases & services identified

Report: https://hdl.handle.net/10568/114284.

Journal article: https://doi.org/10.3389/fvets.2021.601878.

Three regional PPP Taskforces formed

Report: https://hdl.handle.net/10568/106724

- Taskforce composition
 - Chairperson from public and secretary from private sector
 - 12 15 members
 - Federal, regional & woreda livestock offices,
 - private clinics, livestock producers
 - Universities, laboratories

➤ 8 alternative PPP models identified by PPP taskforces

Report: https://cgspace.cgiar.org/handle/10568/114285.

- Models designed based on type of services, partners involved, and their roles. Roles:
 - Public enabling environment (certify pvt vets, ...),
 vaccine supply, cold chain, mobilization, quality control (labs)
 - Private provide service at cost, procure vaccine, report disease/feedback
 - Farmer/pastoralist receive Service at 50% cost (50% project voucher)
 - Public Labs quality control
 - Taskforces create public-private platform





PPP models	OIE models	Services (by woreda)	Partners
Model I: Private vaccination service		Rabies, Anthrax, Black leg, Pasteurellosis vaccination	woreda clinic, village clinic, public (region to kebele)
Model II: Sanitary mandate with woreda private sector partners for vaccination service		Camel pox, O. Pasteurellosis	woreda clinic, CAHWS, public
Model III: Sanitary mandate with regional-woreda-kebele private sector partners for vaccination service	transactional modality	Camel pox, Pasteurellosis, Sheep and goat pox, CCPP	Regional service providers, woreda clinic, CAHWS, public
Model IV: Mobile clinical service	transformative modality	Clinical service	Woreda clinic, village clinic,
Model V: Clinical service by regional-woreda-kebele private clinics	transformative modality	NCD vaccination	Regional service providers, woreda clinic, CAHWS
Model VI: Community- based NCD control	transformative modality	NCD vaccination	Community women vaccinators
Model VII: Strategic community-based endo- and ecto-parasite control by private service providers	transformative modality	strategic deworming & spraying	woreda clinic, CAHWS, public
Model VIII: Leasing kebele public health posts to jobless veterinary graduates	transformative modality	Clinical service	Unemployed vets, Region livestock office, PPP taskforce, govt offices



> Services delivered by private service providers

Woreda	Species	Vaccines and treatments	No of animals	Vaccinator
Deghabour	Shoat	Pasteurellosis	14,182	Private sector
	Camel	Camel pox	6379	Private sector
Bahir dar zuria	Dog	Rabies	6379	Private sector
Banja	Bovine	Blackleg	TBS	Private sector
	Bovine	Anthrax	TBS	Private sector
	Bovine	Endoparasitism	TBS	Private sector
	Shoat	Endoparasitism	398	Private sector
	Chicken	NCD	892	Women vaccinators
	Dog	Rabies	244	Private sector
Negelle Arsi	Sheep/goat	Pasteurellosis	9000	Private sector
	Cattle	Pasteurellosis	968	Private sector
, Dire inchini			TBS	Private sector





Next Steps

- Serology test on pre-intervention samples
- Post-intervention sampling and serology test
- Data collection satisfaction of farmers, public, private actors
- Evaluation of PPP models and documentation
- Stakeholder workshop validation of findings and forward for scaling out









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